Fi	III in this information to identify	your case:	
U	nited States Bankruptcy Court fo	r the:	
D	ISTRICT OF NEVADA		RECEIVED DES
С	ase number (If known):	Chapter you are filing	under:
		☑ Chapter 7 ☐ Chapter 11	2019 OCT 21 PM 2 29
		Chapter 12	☐ Check if this is an
		☐ Chapter 13	U.S. BAAAAA JA 10 Y ე <b>ჟუფიde</b> d filing
			MARY A. SOHOTT, CLERK
0	fficial Form 101		
V	oluntary Peti	tion for Individuals	s Filing for Bankruptcy 12/17
joid the De said Be inf	nt case—and in joint cases, the answer would be yes if either btor 2 to distinguish between t me person must be Debtor 1 in as complete and accurate as i	ese forms use <i>you</i> to ask for information debtor owns a car. When information is hem. In joint cases, one of the spouses rall of the forms.  Dossible. If two married people are filing the ded, attach a separate sheet to this form.	ne. A married couple may file a bankruptcy case together—called a n from both debtors. For example, if a form asks, "Do you own a car," is needed about the spouses separately, the form uses <i>Debtor 1</i> and must report information as <i>Debtor 1</i> and the other as <i>Debtor 2</i> . The together, both are equally responsible for supplying correct n. On the top of any additional pages, write your name and case number
Pa	rt 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture	MAGDELINE	
	identification (for example,	First name DE LA CARIDAD	First name
	your driver's license or passport).	Middle name	Middle name
	Bring your picture	HERNANDEZ-CARRILLO	Last name
	identification to your meeting with the trustee.	Last name	Last traine
		Suffix (Sr., Jr., II. III)	Suffix (Sr., Jr., II, III)
	All other names you	gadway yudan galgagayayini aran xaran gaqaan aran ira oo saran ku ku ku ku ka saran ira oo saran ah saran ah s	
	have used in the last 8 years	First name	First name
	Include your married or maiden names.	Middle name	Middle name
		Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
seculations	того полично простиненте на применения при применения по п	de des envelops de la company de la comp	
3.	Only the last 4 digits of your Social Security	xxx - xx - <u>1</u> <u>7</u> <u>8</u> <u>5</u>	5
	number or federal	OR	OR
	Individual Taxpayer Identification number (ITIN)	9 xx - xx	<b>9</b> xx - xx

	About Debtor 1:			About Debtor 2 (Spo	ouse Only in a Joint	Case):
Any business names and Employer Identification Numbers	☑ I have not used any business names or EINs.			☐ I have not used any business names or EINs.		
(EIN) you have used in the last 8 years	Business name			Business name		
Include trade names and doing business as names	Business name			Business name		
	EIN			EIN — - — —		
	EIN					
. Where you live	орожина на на начина на начина на пред пред поточно пред подава на начина на почени по почени по на начина на На начина на начина н	and the angular state of the second state of t	ा हो जिल्लीहिंग सिंह संस्थान अपने उत्तर में में स्थान में होते हो हो हैं है जो उत्तर है अपने स्थान	If Debtor 2 lives at a	a different address:	· 《西西·西·西·西·西·西·西·西·西·西·西·西·西·西·西·西·西·西·
	1980 WHITON ST Number Street			Number Street		
	LAS VEGAS	NV	89156			
	City	State	ZIP Code	City	State	ZIP Code
	CLARK		·	County		
	County  If your mailing address is above, fill it in here. Note any notices to you at this n	that the court w	the one ill send	If Debtor 2's mailin	g address is different.  Note that the court wailing address.	it from ill send
	Number Street			Number Street		
	P.O. Box			P.O. Box		
	City	State	ZIP Code	City	State	ZIP Code
s. Why you are choosing this district to file for bankruptcy	Check one:  Over the last 180 days I have lived in this district.	Over the last 180 days before filing this petition. I have lived in this district longer than in any			) days before filing this s district longer than i	
	☐ I have another reason. (See 28 U.S.C. § 1408			I have another re (See 28 U.S.C. §		

Case number (if known)\_

Debtor 1

MAGDELINE D. HERNANDEZ-CARRIL

Pa	art 2: Tell the Court Abou	ıt Your B	ankrupt	cy Case				
7.	The chapter of the Bankruptcy Code you	Check or for Banki	ne. (For a ruptcy (Fo	brief description of each	n, see <i>Notic</i> ne top of pa	e Required by 11 ge 1 and check th	U.S.C. § 342(b) for Individuals Filing e appropriate box.	
	are choosing to file under	☑ Chapter 7						
		☐ Chap	oter 11					
		☐ Cha	oter 12					
		☐ Cha	oter 13					
8.	How you will pay the fee	☐ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.						
		☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).						
		By la less pay	aw, a jud than 150 the fee i	ge may, but is not rec 0% of the official pove	quired to, verty line that choose th	vaive your fee, a at applies to you iis option, you m	tion only if you are filing for Chapter 7. and may do so only if your income is a family size and you are unable to nust fill out the Application to Have the with your petition.	
9.	Have you filed for	<b>☑</b> No						
	bankruptcy within the last 8 years?	☐ Yes.	District		When		Case number	
	acto yearo.							
			District		When	MM / DD / YYYY	Case number	
			District		When	MM / DD / YYYY	Case number	
10	. Are any bankruptcy	<b>☑</b> No						
	cases pending or being		Debtor				Relationship to you	
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	- 100					Case number, if known	
			Debtor				Relationship to you	
			District		When	MM / DD / YYYY	Case number, if known	

## 11. Do you rent your residence?

No. Go to line 12.

 $\hfill \Box$  Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

## MAGDELINE D. HERNANDEZ-CARRIL

Case number (if known) Debtor 1 Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. Go to Part 4 of any full- or part-time ☐ Yes. Name and location of business business? A sole proprietorship is a business you operate as an Name of business, if any individual, and is not a separate legal entity such as a corporation, partnership, or Number Street LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. State ZIP Code City Check the appropriate box to describe your business. Health Care Business (as defined in 11 U.S.C. § 101(27A)) ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your Chapter 11 of the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if **Bankruptcy Code and** any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. For a definition of small business debtor, see No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in 11 U.S.C. § 101(51D). the Bankruptcy Code. ☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any Z No property that poses or is ☐ Yes. What is the hazard? alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs If immediate attention is needed, why is it needed?\_ immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? Where is the property? Number Street

City

ZIP Code

State

Debtor 1

## MAGDELINE D. HERNANDEZ-CARRIL First Name Middle Name Last Name

Case number (if known)
------------------------

#### Part 5:

#### **Explain Your Efforts to Receive a Briefing About Credit Counseling**

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

u	I am not required to receive a brief	ing about
	credit counseling because of:	

I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing a	bout
credit counseling because of:	

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Magdeline D. Hernandez-Carrillo
First Name Middle Name Last Name

Case number	(if known)		
Case mannes	()		 

	What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."					
		☐ No. Go to line 16b. ☑ Yes. Go to line 17.					
		16b. Are your debts primal money for a business or in	rily business debts? Business debt evestment or through the operation of th	s are debts that you incurred to obtain be business or investment.			
		No. Go to line 16c. Yes. Go to line 17.					
		16c. State the type of debts you	u owe that are not consumer debts or b	usiness debts.			
17.	Are you filing under Chapter 7?	☐ No. I am not filing under C	hapter 7. Go to line 18.	навидантного предменя от почення выполня не поступення до дення не почення не почення не почення выполня не по			
	Do you estimate that after any exempt property is	Yes. I am filing under Chap administrative expense	empt property is excluded and to distribute to unsecured creditors?				
,	excluded and	☑ No					
	administrative expenses are paid that funds will be available for distribution to unsecured creditors?	☐ Yes					
18.	How many creditors do	1-49	<b>1</b> ,000-5,000	25,001-50,000			
	you estimate that you owe?	☐ 50-99 ☐ 100-199 ☐ 200-999	☐ 5,001-10,000 ☐ 10,001-25,000	☐ 50,001-100,000 ☐ More than 100,000			
19.	How much do you	\$0-\$50,000	☐ \$1,000,001-\$10 million	□ \$500,000,001-\$1 billion			
	estimate your assets to be worth?	□ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	□ \$10,000,001-\$50 million □ \$50,000,001-\$100 million □ \$100,000,001-\$500 million	□ \$1,000,000,001-\$10 billion □ \$10,000,000,001-\$50 billion □ More than \$50 billion			
20.	How much do you	<b>\$0-\$50,000</b>	☐ \$1,000,001-\$10 million	\$500,000,001-\$1 billion			
	estimate your liabilities to be?	\$50,001-\$100,000 \$100,001-\$500,000	□ \$10,000,001-\$50 million □ \$50,000,001-\$100 million	□ \$1,000,000,001-\$10 billion □ \$10,000,000,001-\$50 billion			
Pa	11.71 Sign Below	☐ \$500,001-\$1 million	□ \$100,000,001-\$500 million				
	or you	I have examined this petition, a correct.	and I declare under penalty of perjury the	nat the information provided is true and			
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.					
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.					
		I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 1,52, 1341, 1519, and 3571.					
		Signature of Detator 1	Signa	ture of Debtor 2			
		1 10/1//	2019				
		Executed on /0//0/	<u>/ / / Exe</u> cu	ited on			

Debtor 1 MAGDELINE First Name Middle Nam	D. HERNANDEZ-CARRIL Last Name	Case number (if known)_	
For your attorney, if you are represented by one	I. the attorney for the debtor(s) named in this pe to proceed under Chapter 7, 11, 12, or 13 of title available under each chapter for which the person	e 11, United States Code, au on is eligible. I also certify t	nd have explained the relief hat I have delivered to the debtor(s)
If you are not represented by an attorney, you do not need to file this page.	the notice required by 11 U.S.C. § 342(b) and, in knowledge after an inquiry that the information in		
	Signature of Attorney for Debtor		MM / DD /YYYY
	Printed name		
	Firm name		
	Number Street		
	City	State	ZIP Code
	Contact phone	Email addres:	5

State

Bar number

Debtor 1

Magd	eline D. Her	nandez-Carrillo	
Firet Name	Middle Name	Last Name	

Case number (if known)\_\_\_\_\_

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

be latituda with any state exemption laws that apply.	
Are you aware that filing for bankruptcy is a serious a consequences?	ction with long-term financial and legal
☐ No ☑ Yes	
Are you aware that bankruptcy fraud is a serious criminaccurate or incomplete, you could be fined or impris	· · · · · · · · · · · · · · · · · · ·
☑ No ☑ Yes	
Did you pay or agree to pay someone who is not an a ☐ No ☑ Yes. Name of Person AMY MILLER	attorney to help you fill out your bankruptcy forms?
Attach Bankruptcy Petition Preparer's Notice, D	eclaration, and Signature (Official Form 119).
By signing here, I acknowledge that I understand the have read and understood this notice, and I am award attorney may cause me to lose my rights or property in	e that filing a bankruptcy case without an
× Miz	×
Signature of Deptor 1	Signature of Debtor 2
Date ( 10/19/2016) MM/DD /YYYY	Date MM / DD / YYYY
Contact phone	Contact phone
Cell phone 702 885 8497	Cell phone
Email address	Email address

Certificate Number: 12459-NV-CC-033540991



## **CERTIFICATE OF COUNSELING**

I CERTIFY that on October 11, 2019, at 11:13 o'clock AM PDT, Magdeline D. Hernandez-Carrillo received from Abacus Credit Counseling, an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the District of Nevada, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: October 11, 2019 By: /s/Fatima Munekata

Name: Fatima Munekata

Title: Credit Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

Fill in this i	nformation to identify t	he case:				
Debtor 1	MAGDELINE D. HE	ERNANDEZ-CA	RRILLO Last Name			
Debtor 2	Filst idaile	mode Nume				
(Spouse, if filing)		Middle Name	Last Name			
United States	Bankruptcy Court for the:	District	ofNEVADA	-		
Case number (If known)			Chapter			
Official I	Form 119					
Bankru	ptcy Petition	n Preparei	's Notice, D	eclaration,	and Signature	12/15
imprisoned, (	nply with the provisions or both. 11 U.S.C. § 110 Notice to Debtor		Jnited States Code an	d the Federal Rules	of Bankruptcy Procedure may be fi	nea,
Bankru  Bankru  Whe  Whe  Whe  Whe  Whe  Whe  Whe  Wh	ept any compensation uptcy petition preparers ether to file a petition ure ther filing a case under the your debts will be	are not attorneys ander the Bankruptor chapter 7, 11, 12 eliminated or disclusive pour home, ay arise because any be discharged; dipromise to repay ture of your interest	this form must be file and may not practice in by Code (11 U.S.C. § 1 , or 13 is appropriate; harged in a case under car, or other property in case is filed under the debts to a creditor or sts in property or your	ed with any documer law or give you legal 101 et seq.); er the Bankruptcy Co after filing a case un the Bankruptcy Code; enter into a reaffirma	advice, including the following:  de;  der the Bankruptcy Code;	
	ankruptcy petition prep naximum allowable fee	Name		g or accepting any f		e of
Signat	ure of Debtor 1 acknowledge	ing receipt of this notic	е		Date NM / DD / YYYY	

Signature of Debtor 2 acknowledging receipt of this notice

Date MM / DD / YYYY

MAGDELINE D. HERNANDEZ-CARRILLO

or 1 IVIA	GDELINE D. HEF	Last Name	ARKI	<u>LLO</u>	Case numb	er (if kr	nown)
art 2: Dec	laration and Sign	ature of the	Bankr	uptcy Petiti	on Preparer		
nder penalty	of perjury, I declar	e that:					
I am a bank	ruptcy petition prepa	rer or the offic	er, prin	cipal, respons	sible person, or partner of	a ba	nkruptcy petition preparer;
I or my firm	prepared the docum	ents listed belo	ow and	gave the deb	otor a copy of them and th	e No	tice to Debtor by Bankruptcy Petition
Preparer as	required by 11 U.S.	C. §§ 110(b), 1	110(h),	and 342(b); a	and		
preparers m		rm notified the					ervices that bankruptcy petition any document for filing or before
AMY MI	-	MAN	۸GE	D	TAXES N MORE	110	•
Printed name	LLLIN	Title, if an			Firm name, if it applies		
8565 S E	ASTERN AVE ST	F 128					
Number	Street						
LAS VEG	AS	NV 8	<b>912</b> 3		702-635-2030		
City	,	State		Code	Contact phone		_
(Check all th	at apply.)				·	-	le a part of each document that I ch
☑ Voluntary	Petition (Form 101)		<b>Ø</b> :	Schedule I (For	m 106I)		Chapter 11 Statement of Your Current Mo
	nt About Your Social Se	curity Numbers	<b>4</b>	Schedule J (For	rm 106 <b>J</b> )		Income (Form 122B)
(Form 12			<b>1</b>	Declaration Abo	out an Individual Debtor's		Chapter 13 Statement of Your Current Mo Income and Calculation of Commitment F
	of Your Assets and Lit tatistical Information (F		_	Schedules (For	•		(Form 122C-1)
_	A/B (Form 106A/B)	,	_		nancial Affairs (Form 107)		Chapter 13 Calculation of Your Disposabl Income (Form 122C-2)
	C (Form 106C)			Statement of Int Under Chapter	tention for Individuals Filing 7 (Form 108)		Application to Pay Filing Fee in Installmer
	D (Form 106D)		_	•	ment of Your Current	_	(Form 103A)
	E/F (Form 106E/F)			Monthly Income	(Form 122A-1)	<b>A</b>	,,
Schedule	G (Form 106G)			Statement of Ex of Abuse Under	emption from Presumption	Ø	Waived (Form 103B)  A list of names and addresses of all credit
	H (Form 106H)			Form 122A-1S			(creditor or mailing matrix)
	, ,			Chapter 7 Mear Form 122A-2)	ns Test Calculation		Other
				-	umbers. If more than one banker of each preparer must		ptcy petition preparer prepared the docu rovided. 11 U.S.C. § 110.
		_					
Signatur of ba		er or officer, princ	pal, res	ponsible	6 2 0 - 6 0 - Social Security number of p	2_5 person	3 9 Date 16 20/
AMY MILL	LER						
Printed name							

B2800 (Form 2800) (12/15)

**AMY MILLER** 

Printed name and title, if any, of

**Bankruptcy Petition Preparer** 

### United States Bankruptcy Court \_ District Of <u>NEVADA</u> In re MAGDELINE D. HERNANDEZ-CARRILLO Case No. Debtor Chapter 7 DISCLOSURE OF COMPENSATION OF BANKRUPTCY PETITION PREPARER [Must be filed with the petition if a bankruptcy petition preparer prepares the petition. 11 U.S.C. § 110(h)(2).] 1. Under 11 U.S.C. § 110(h), I declare under penalty of perjury that I am not an attorney or employee of an attorney, that I prepared or caused to be prepared one or more documents for filing by the above-named debtor(s) in connection with this bankruptcy case, and that compensation paid to me within one year before the filing of the bankruptcy petition, or agreed to be paid to me, for services rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: For document preparation services I have agreed to accept..... \$200.00 Prior to the filing of this statement I have received..... \$ 200.00 Balance Due..... \$0.00 2. I have prepared or caused to be prepared the following documents (itemize): TYPED ALL CHAPTER 7 FORMS (DECLARATION ON FORM 119) and provided the following services (itemize): PREPARE CHAPTER 7 FORMS ONLY 3. The source of the compensation paid to me was: Other (specify) MAGDELINE paid \$200.00 in cash. 4. The source of compensation to be paid to me is: Other (specify) 5. The foregoing is a complete statement of any agreement or arrangement for payment to me for preparation of the petition filed by the debtor(s) in this bankruptcy case. 6. To my knowledge no other person has prepared for compensation a document for filing in connection with this bankruptcy case except as listed below: **NAME** SOCIAL SECURITY NUMBER 620602539 Social Security number of bankruptcy

8565 S. EASTERN AVE SUITE 128, LAS VEGAS, NV 89123

petition preparer\*

Address

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

<sup>\*</sup> If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer. (Required by 11 U.S.C. § 110).

Fill in this information to identify your case:	
Debtor 1 MAGDELINE D. HERNANDEZ-CARRILLO	
First Name Middle Name Last Name  Debtor 2	
(Spouse, if filing) First Name Middle Name Last Name	
United States Bankruptcy Court for the: DISTRICT OF NEVADA	_
Case number(If known)	Check if this is an amended filing
	amonada ming
Official Form 106Sum	
Summary of Your Assets and Liabilities and Certain Statistical Info	rmation 12/15
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for s	
information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended your original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	schedules after you file
Part 1: Summarize Your Assets	
	Your assets
	Value of what you own
Schedule A/B: Property (Official Form 106A/B)     A Copy line 55, Total real estate, from Schedule A/B	s <u>105,643.00</u>
1a. Copy line 35, 1 tital real estate, from Schedule A/D	
1b. Copy line 62, Total personal property, from Schedule A/B	\$3,450.00
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	
10. Copy line 65, Total of all property of Scredule A/B	\$ 109,093.00
Part 2: Summarize Your Liabilities	
Fart 2: Summarize Your Liabilities	
	Your liabilities
	Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	<sub>\$</sub> 185,209.00
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	<u> </u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 0.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$ 42,184.00
	227 202 00
Your total liabilities	\$ 227,393.00
Port 21 Commencies Variables and Francisco	
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)	1 070 00
Copy your combined monthly income from line 12 of Schedule I	\$1,872.29
5. Schedule J: Your Expenses (Official Form 106.I)	

Copy your monthly expenses from line 22c of Schedule J

2,690.00

De	btor 1	MAGDELIN First Name	IE D. HERNAI Middle Name	NDEZ-CARRILLO Last Name	<u>)                                    </u>	Case number (if knot	wn)	
P	art 4:	Answer Thes	se Questions f	or Administrative	and Statistical Re	cords		
6.	Are yo	ou filing for bank	cruptcy under Cl	napters 7, 11, or 13?	,			
	☐ No ☑ Ye		ng to report on thi	s part of the form. Ch	eck this box and submi	it this form to the cou	rt with your othe	r schedules.
7.	What k	kind of debt do y	ou have?					
					ebts are those "incurred lines 8-9g for statistica			onal,
			t primarily consu		e nothing to report on t	his part of the form. C	Check this box a	nd submit
8.				<i>lonthly Income</i> : Cop ne 11; <b>OR</b> . Form 122	y your total current moi C-1 Line 14.	nthly income from Off	ficial	\$2,837.22
	magazar	continues a continue of the territories		. (474				

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$
9d. Student loans. (Copy line 6f.)	\$
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ 0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$0.00

Fill in this information to identify your case and this	s filing:	
Debtor 1 MAGDELINE D. HENANDEZ-CA	RRILLO	
First Name Middle Name	Last Name	
Debtor 2 (Spouse, if filing) First Name Middle Name	Last Name	
United States Bankruptcy Court for the: DISTRICT OF NEV	ADA	
Case number		☐ Check if this is an
		amended filing
Official Form 106A/B		
Schedule A/B: Propert	у	12/15
category where you think it fits best. Be as compl responsible for supplying correct information. If m write your name and case number (if known). Answer	s. List an asset only once. If an asset fits in more to ete and accurate as possible. If two married people ore space is needed, attach a separate sheet to thi wer every question.  Land, or Other Real Estate You Own or Hav	are filing together, both are equally s form. On the top of any additional pages,
Do you own or have any legal or equitable interes		
No. Go to Part 2.	st in any residence, building, land, or similar propo	,
Yes. Where is the property?	_	
	What is the property? Check all that apply  Single-family home	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D.
1.1 1980 WHITON ST Street address, if available, or other description	Duplex or multi-unit building	Creditors Who Have Claims Secured by Property.
Street address, it available, or other description	Condominium or cooperative	Current value of the entire property? Current value of the portion you own?
	<ul> <li>■ Manufactured or mobile home</li> <li>□ Land</li> </ul>	\$ 257,200.00 \$ 105,643.00
LAS VEGAS NV 89156	☐ Investment property	
City State ZIP Code	- ☐ Timeshare ☐ Other	Describe the nature of your ownership interest (such as fee simple, tenancy by
	Who has an interest in the property? Check one.	the entireties, or a life estate), if known.
CLARK	Debtor 1 only	
County	Debtor 2 only	
	Debtor 1 and Debtor 2 only	Check if this is community property (see instructions)
		em. such as local
	property identification number:	
If you own or have more than one, list here:	What is the property? Check all that apply.	
	Single-family home	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D</i> :
1.2. Street address, if available, or other description	Duplex or multi-unit building	Creditors Who Have Claims Secured by Property.
, , , , , , , , , , , , , , , , , , , ,	Condominium or cooperative  Manufactured or mobile home	Current value of the entire property? Current value of the portion you own?
	☐ Land	\$ \$
	☐ Investment property	Describe the nature of your ownership
City State ZIP Code	☐ Other	interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
	Who has an interest in the property? Check one.	
	Debtor 1 only	
County	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Check if this is community property
	At least one of the debtors and another	(see instructions)
	Other information you wish to add about this ite	
	property identification number:	<del></del>

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Debtor 1		. HENANDEZ-CA	RRILLO Case number (# k	nown)	
1.3.			What is the property? Check all that apply.  Single-family home	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
	Street address, if available	e, or other description	☐ Duplex or multi-unit building ☐ Condominium or cooperative	Current value of the entire property?	Current value of the portion you own?
			<ul><li>■ Manufactured or mobile home</li><li>■ Land</li></ul>	\$	\$
	City	State ZIP Code	☐ Investment property ☐ Timeshare ☐ Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
			Who has an interest in the property? Check one.		
	County		☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Check if this is co	mmunity property
			At least one of the debtors and another	(see instructions)	property
			Other information you wish to add about this ite property identification number:		
			II of your entries from Part 1, including any entries		\$
ou own	that someone else drive , vans, trucks, tractors	es. If you lease a vehicl	st in any vehicles, whether they are registered or e.e., also report it on Schedule G: Executory Contracts or e., motorcycles	•	S
3.1.	Make: Model:	NISSAN MAXIMA	Who has an interest in the property? Check one.  ☐ Debtor 1 only ☐ Debtor 2 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on S <i>chedule D:</i>
	Year: Approximate mileage:	89500	Debtor 1 and Debtor 2 only  At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
	Other information:		☐ Check if this is community property (see instructions)	\$3,264.00	\$3,264.00
If you	own or have more than	one, describe here:			
3.2.	Make: Model:	CADILAC CTS	Who has an interest in the property? Check one.  Debtor 1 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
	Year: Approximate mileage:	2017 21500	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
	Other information:		☐ Check if this is community property (see instructions)	\$27,000.00	\$30,388.00

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Case number (if known)\_\_\_\_

MAGDELINE D. HENANDEZ-CARRILLO

Debtor 1

.3.	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	
	Model:	Debtor 1 only	the amount of any secure Creditors Who Have Clain	
	Year:	Debtor 2 only		
	<del></del>	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Approximate mileage:	→ At least one of the debtors and another	,	
	Other information:	Charle if this is community managery (coo	\$	\$
		Check if this is community property (see instructions)		
		•		
4	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	
	Model:	Debtor 1 only	the amount of any secure Creditors Who Have Clain	
		Debtor 2 only		•
	Year:	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of th portion you own?
	Approximate mileage:	At least one of the debtors and another	ontino property.	portion you own.
	Other information:		\$	\$
		☐ Check if this is community property (see instructions)	<u> </u>	Ψ
a <i>m</i> į No	<i>ples.</i> Boats, trailers, motors, personal water	ther recreational vehicles, other vehicles, and accest craft. fishing vessels, snowmobiles, motorcycle accessor		
(am) No Ye	ples: Boats, trailers, motors, personal water o es	craft, fishing vessels, snowmobiles, motorcycle accesso	ories	aims or evempti⊙ns. Put
a <i>m</i> No Ye	ples: Boats, trailers, motors, personal water oes  Make:	craft, fishing vessels, snowmobiles, motorcycle accessor  Who has an Interest in the property? Check one.	ories  Do not deduct secured clathe amount of any secure	d claims on <i>Schedule D</i> :
a <i>m</i> No Ye	ples: Boats, trailers, motors, personal water o es  Make:  Model:	craft, fishing vessels, snowmobiles, motorcycle accesso	ories  Do not deduct secured cla	d claims on <i>Schedule D</i> :
a <i>m</i> No Ye	ples: Boats, trailers, motors, personal water oes  Make:	who has an Interest in the property? Check one.  Debtor 1 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D: ns Secured by Property.
a <i>m</i> No Ye	ples: Boats, trailers, motors, personal water o es  Make:  Model:	who has an Interest in the property? Check one.  Debtor 1 only Debtor 2 only	ories  Do not deduct secured clathe amount of any secure	d claims on Schedule D: ns Secured by Property.
a <i>m</i> No Ye	ples: Boats, trailers, motors, personal water of es  Make: Model: Year:	Who has an Interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Do not deduct secured cla the amount of any secure Creditors Who Have Clair Current value of the	d claims on Schedule D: ns Secured by Property. Current value of th
a <i>m</i> No Ye	ples: Boats, trailers, motors, personal water of es  Make: Model: Year:	Who has an Interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see	Do not deduct secured cla the amount of any secure Creditors Who Have Clair Current value of the	d claims on Schedule D: ns Secured by Property. Current value of th
no Ye	ples: Boats, trailers, motors, personal water of es  Make: Model: Year:	Who has an Interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?	d claims on Schedule D: ns Secured by Property.  Current value of th portion you own?
am <sub>i</sub> No Ye	ples: Boats, trailers, motors, personal water of es.  Make: Model: Year: Other information:	Who has an Interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see	Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?	d claims on Schedule D: ns Secured by Property.  Current value of th portion you own?
a <i>m<sub>i</sub></i> No Ye	ples: Boats, trailers, motors, personal water of ess.  Make: Model: Year: Other information:  own or have more than one, list here:	Who has an Interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)	Do not deduct secured dathe amount of any secure Creditors Who Have Clair  Current value of the entire property?	d claims on Schedule D: ns Secured by Property.  Current value of th portion you own?
ra <i>m</i> No Ye	ples: Boats, trailers, motors, personal water of es.  Make: Model: Year: Other information:	Who has an Interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property?  \$  Do not deduct secured class	d claims on Schedule D: ms Secured by Property.  Current value of th portion you own?  \$
a <i>m</i> <sub>i</sub> No Ye	ples: Boats, trailers, motors, personal water of ess.  Make: Model: Year: Other information:  own or have more than one, list here:	Who has an Interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured dathe amount of any secure Creditors Who Have Clair  Current value of the entire property?	d claims on Schedule D: ms Secured by Property.  Current value of th portion you own?  \$
a <i>mp</i> No Ye	ples: Boats, trailers, motors, personal water of es.  Make: Model: Year: Other information:  own or have more than one, list here:  Make:	Who has an Interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property?  Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the	d claims on Schedule D: ms Secured by Property.  Current value of th portion you own?  \$
a <i>m</i> <sub>l</sub> No Ye	ples: Boats, trailers, motors, personal water of ess  Make: Model: Other information:  own or have more than one, list here:  Make: Model:	Who has an Interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 1 and Debtor 2 only	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property?  \$ Do not deduct secured class the amount of any secure Creditors Who Have Clair	d claims on Schedule D: ns Secured by Property.  Current value of th portion you own?  \$
am, No Ye	ples: Boats, trailers, motors, personal water of ess  Make: Model: Year: Other information:  own or have more than one, list here:  Make: Model: Year:	Who has an Interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property?  Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the	d claims on Schedule D: ms Secured by Property.  Current value of th portion you own?  \$
am, No Ye	ples: Boats, trailers, motors, personal water of ess  Make: Model: Year: Other information:  own or have more than one, list here:  Make: Model: Year:	Who has an Interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property?  Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the	d claims on Schedule D: ms Secured by Property.  Current value of th portion you own?  \$
am, No Ye	ples: Boats, trailers, motors, personal water of ess  Make: Model: Year: Other information:  own or have more than one, list here:  Make: Model: Year:	Who has an Interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property?  Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property?	d claims on Schedule Dins Secured by Property.  Current value of the portion you own?  \$
a <i>m</i> <sub>l</sub> No Ye	ples: Boats, trailers, motors, personal water of ess  Make: Model: Year: Other information:  own or have more than one, list here:  Make: Model: Year:	Who has an Interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property?  Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property?	d claims on Schedule Dins Secured by Property.  Current value of the portion you own?  \$

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Debtor 1

### MAGDELINE D. HENANDEZ-CARRILLO

Case number (if known)\_\_\_\_ First Name Middle Name

P	art 3: Describe Your Personal and Household Items		
D	o you own or have any legal or equitable interest in any of the following items?	portion yo	ict secured claims
6.	Household goods and furnishings		
	Examples: Major appliances, furniture, linens, china, kitchenware		
	□ No		
	Yes. Describe FURNITURE, APPLIANCES, KITCHENWARE	\$	2,500.00
7	Electronics		
	Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games		
	□ No	i.	
	Yes. Describe	\$	650.00
8.	Collectibles of value		
	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles  No		
	Yes. Describe	\$	0.00
۵	Equipment for sports and hobbies		
3.	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis: canoes and kayaks; carpentry tools; musical instruments		
	☑ No ☐ Yes. Describe	\$	0.00
10	D. Firearms		
	Examples: Pistols, rifles, shotguns, ammunition, and related equipment  No		
	Yes. Describe	\$	0.00
1	1. Clothes		
	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  No		
	Yes. Describe EVERYDAY CLOTHES	\$	200.00
13	2. Jewelry		
	Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver		
	□ No		
	Yes. DescribeEVERYDAY JEWELRY	\$	100.00
1;	3. Non-farm animals		
	Examples: Dogs, cats, birds, horses		
	☑ No		
	Yes. Describe	\$	
14	Any other personal and household items you did not already list, including any health aids you did not list		
	No		
	Yes. Give specific information	\$	
15	5. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here	\$	3,450.00
	Tor Fait 5. Write that number here		

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Debtor 1

## MAGDELINE D. HENANDEZ-CARRILLO First Name Middle Name Last Name

Case number (if known)
------------------------

Do you own or have any	Current value of the portion you own?  Do not deduct secured claims or exemptions.		
16. <b>Cash</b> Examples: Money you	have in your wallet, in your hor	ne, in a safe deposit box, and on hand when you file your petitio	n
☑ No	,		
		Cash:	s
		ints; certificates of deposit; shares in credit unions, brokerage h ultiple accounts with the same institution, list each.	ouses,
✓ Yes		Institution name:	
	17.1. Checking account:	BANK OF AMERICA	\$0.00
	17.2. Checking account:		\$
	17.3. Savings account:		\$
	17.4. Savings account:		\$
	17.5. Certificates of deposit:		
	17.6. Other financial account:		
	17.7. Other financial account:		
	17.8. Other financial account:		
	17.9. Other financial account:		
Examples: Bond funds.	or publicly traded stocks investment accounts with brok	erage firms, money market accounts	
☑ No ☐ Yes	Institution or issuer name:		
- 763	mstitution of issuer flame.		
			\$
			\$ \$
			<u> </u>
19. Non-publicly traded s an LLC, partnership,		rated and unincorporated businesses, including an interes	t in
🗹 No	Name of entity:	% of ownersh	ip:
Yes. Give specific information about		0%	6 \$
them		0%	6 \$
			<sup>6</sup> \$

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MAGDELINE D. HENANDEZ-CARRILLO

Case number (if known)\_ Debtor 1 Middle Name 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. **Ø** No ☐ Yes. Give specific Issuer name: information about them..... 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No No Yes. List each account separately. Type of account: Institution name: 401(k) or similar plan Pension plan: IRA: Retirement account: Keogh: Additional account: Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ✓ No ☐ Yes..... Institution name or individual Electric Gas Heating oil: Security deposit on rental unit: \_\_\_ Prepaid rent: Telephone Water Rented furniture. Other: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No No ☐ Yes..... Issuer name and description:

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Case number (if known)\_\_\_

Debtor 1

### MAGDELINE D. HENANDEZ-CARRILLO

Debior 1	First Name	Middle Name	Last Name		(in thickery	
26 U.S.0		ion IRA, in an a , 529A(b), and 53		E program, or under a qualified s	tate tuition program	ı.
☑ No						
<b>□</b> Yes		Institutio	on name and description. Se	eparately file the records of any inte	rests.11 U.S.C. § 521	1(c):
						_ \$
						-
						- \$
	equitable or fu able for your b		n property (other than any	thing listed in line 1), and rights	or powers	
☑ No	,					
	Give specific					
	mation about th	nem				\$
		•	le secrets, and other intell	ectual property es and licensing agreements		
☑ No			anda, praadada nam rayan.	and hooriering deficerments		
	Give specific					
	mation about th	nem				· <b>\$</b>
		and other gene mits, exclusive li		ation holdings, liquor licenses, profe	essional licenses	
<b>☑</b> No						
	Give specific					
	mation about th	nem				· \$
oney or p	roperty owed	to you?				Current value of the portion you own?  Do not deduct secured
						claims or exemptions.
Tax refu	nds owed to y	ou				
🗹 No						
Yes.	Give specific in	nformation			F-41	•
		cluding whether			Federal:	\$
	you already file	ed the returns ars			State:	\$
	and the tan yo				Local:	\$
Family s		lump eum alimai	an angues laurencet, child a	opport maintamana, disassa salla		
☑ No	o. i ust uue Ul	iomp oum ainiloi	iy, apousai support, criiid St	ipport, maintenance, divorce settler	nent, μιορεπу settlen	nent
	0: :6 :					
☐ Yes.	Give specific ii	nformation	•••		Alimony:	¢
					•	\$
					Maintenance:	\$
					Support:	\$
					Divorce settlement:	\$
					Property settlement:	\$
Example	nounts somed s: Unpaid wage Social Secu	es, disability insu	rance payments, disability l aid loans you made to some	penefits, sick pay, vacation pay, wo	orkers' compensation.	
☐ No						
Yes.	Give specific in	nformation				
						· \$

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MAGDELINE D. HENANDEZ-CARRILLO

Debtor 1

Middle Name 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No No ☐ Yes. Name the insurance company Beneficiary: Surrender or refund value Company name: of each policy and list its value... 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ☑ No Yes. Give specific information..... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☑ No Yes. Describe each claim. 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☑ No Yes. Describe each claim. 35. Any financial assets you did not already list Z No Yes. Give specific information..... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable Interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims 38. Accounts receivable or commissions you already earned ☐ No Yes. Describe...... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices Yes. Describe......

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Debtor 1		IE D. HENANDEZ-CARRILLO	Case number (if known)	
	First Name	Middle Name Last Name		
40. Machine	ery, fixtures, ed	uipment, supplies you use in business, and tools of	your trade	
☐ No				
Yes	. Describe			\$
41. Invento	гу			
	. Describe			\$
- 103	Describe			¥
	s in partnershi	os or joint ventures		
☐ No				
☐ Yes	. Describe	Name of entity:	% of ownership:	
			%	\$
			%	\$
			%	\$
43. Custom	er lists, mailin	lists, or other compilations		
☐ No				
☐ Yes	. Do your lists	nclude personally identifiable information (as defined	f in 11 U.S.C. § 101(41A))?	
	☐ No			
	Yes. Desci	ibe		\$
				J
44 Any hu	ringes related	property you did not already list		
□ No	siness-related	property you did not already list		
	. Give specific			
	mation			\$
				\$
				\$
				\$
				\$
				\$
45 Add the	e dollar value o	f all of your entries from Part 5, including any entries	for names you have attached	
		umber here		\$
				L
Part 6:	Describe A	y Farm- and Commercial Fishing-Related Prop	perty Vou Own or Have an Interest I	<b>n</b>
		have an interest in farmland, list it in Part 1.	icity for common marc an interest	•••
		<del></del>		
46. Do you	own or have a	ny legal or equitable interest in any farm- or commerc	cial fishing-related property?	
	Go to Part 7.			
☐ Yes	Go to line 47.			
				Current value of the
				portion you own?
				Do not deduct secured claims or exemptions.
47. Farm a	nimals			or exemptions.
Example	es: Livestock, p	oultry, farm-raised fish		
☐ No				
				\$

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Debtor 1	MAGDELINE D. HENANDEZ-CARRILLO First Name Middle Name Last Name		С	ase number (d known)		
	FIRST NAME WIDDLE NAME LAST NAME					
	either growing or harvested					
☐ No ☐ Yes.	Give specific					
	mation					\$
☐ No	d fishing equipment, implements, machinery, fixtures	s, and tools	or trade			
☐ Yes						\$
50. Farm an	d fishing supplies, chemicals, and feed					
☐ No						
<b>□</b> Yes						\$
51. Any farr	n- and commercial fishing-related property you did n	ot already l	ist			
☐ No ☐ Yes.	Give specific					
infor	mation				-	\$
	dollar value of all of your entries from Part 6, includi 6. Write that number here			•	. <b>→</b>	\$
					L	<u></u>
Part 7:	Describe All Property You Own or Have	an Intere	est in That	You Did Not List Abo	ove	
53. <b>Do you</b>	have other property of any kind you did not already I	ist?				
Example: No	s: Season tickets, country club membership					
☐ Yes.	Give specific					\$
IIIIOI	maton					\$ \$
			_		. [	· ·
54. Add the	dollar value of all of your entries from Part 7. Write the	hat number	here		<b>→</b>	\$
Part 8:	List the Totals of Each Part of this Form	<b>,</b>				
						105,643.00
	Total real estate, line 2		0.00		→	\$
	Total vehicles, line 5	\$	3,450.00			
	Total personal and household items, line 15	\$	0.00			
	Total financial assets, line 36	\$	0.00			
	Total business-related property, line 45	\$	0.00			
	Total farm- and fishing-related property, line 52	\$				
61. <b>Part 7:</b> ]	Total other property not listed, line 54	+ \$	0.00			
62. Total pe	ersonal property. Add lines 56 through 61.	\$	3,450.00	Copy personal property tot	al 👈 -	<b>+</b> \$3,450.00
es Total es	all property on Schedule AID. Add the Est the CO.				Γ	\$ 109,093.00
อง. I <b>UIAI O</b> I	all property on Schedule A/B. Add line 55 + line 62	• • • • • • • • • • • • • • • • • • • •				\$

Fill in th	in inform	ntion to identify			
		ation to identify your case:			
Debtor 1	MA(	GDELINE D. HERNANDE	Z-CARRILLO Last Name		
Debtor 2	filing) First N	ame Middle Name	Last Name		
	_	uptcy Court for the: DISTRICT OF			
Case nun		picy countries bio interest	NEVADA		Chaoli if this is an
(if known)					☐ Check if this is an amended filing
Officia	al Form	n 106C			
Sch	edul	e C: The Prop	erty You	Claim as Exempt	04/19
Using the space is n	property y eeded, fill	ou listed on <i>Schedule A/B. Prop</i>	perty (Official Form 106A	gether, both are equally responsible for s /B) as your source, list the property that dditional Page as necessary. On the top	you claim as exempt. If more
specific d of any ap retiremen limits the	ollar amo plicable s t funds— exemptio	ount as exempt. Alternatively, tatutory limit. Some exemptio may be unlimited in dollar am	you may claim the full ons—such as those for ount. However, if you on thand the value of the	mount of the exemption you claim. Or fair market value of the property bein health aids, rights to receive certain t claim an exemption of 100% of fair ma property is determined to exceed that	g exempted up to the amount penefits, and tax-exempt irket value under a law that
Part 1:	ldenti	fy the Property You Claim	as Exempt		
<b>☑</b> Y	ou are cla ou are cla	xemptions are you claiming? iming state and federal nonbanl iming federal exemptions. 11 U rty you list on Schedule A/B th	kruptcy exemptions. 11 .S.C. § 522(b)(2)	• •	
		ion of the property and line on that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief	ription:	HOMESTEAD	\$ 105,643.00	<b>□</b> \$	Nev. Rev. Stat. Ann.
Line	•	4.4	· ————————————————————————————————————	☑ 100% of fair market value, up to	§115.010, §115.020
Sche	edule A/B:	1.1		any applicable statutory limit	
Brief desc	ription:	HOUSEHOLD	\$ 2,500.00	□ <b>\$</b>	Nev. Rev. Stat. Ann.
Line Sche	from edule A/B:	.6		100% of fair market value, up to any applicable statutory limit	§21.090(1)(b)
Brief desc	ription:	ELECTRONICS	\$ <u>650.00</u>	<b>□</b> \$	Nev. Rev. Stat. Ann.
Line	•	<b>7</b>		☐ 100% of fair market value, up to any applicable statutory limit	§21.090(1)(b)
(Subj <b>☑</b> N	ect to adju o		years after that for case	s filed on or after the date of adjustment.  1.215 days before you filed this case?	)
	<b>N</b> o	a doquire the property covered	DY THE EXEMPLION WITHIN	1.2 10 days before you med this case?	

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Debtor 1

# MAGDELINE D. HERNANDEZ-CARRILLO First Name Middle Name Last Name

Case number (if known)	_
------------------------	---

п.	-	-

#### **Additional Page**

	on of the property and line t/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	CLOTHING	\$100.00	<b>-</b> \$	Nev. Rev. Stat. Ann. §21.090 (1)(b)
Line from Schedule A/B:	11		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	JEWELRY	\$100.00	<b></b>	Nev. Rev. Stat. Ann. §21.090 (1)(a)
Line from Schedule A/B:	12		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	\$ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:		\$	□ \$ □ 100% of fair market value, up to	
Schedule A/B: Brief			any applicable statutory limit	
description:		\$	□ \$ □ 100% of fair market value, up to	
Schedule A/B:			any applicable statutory limit	
Brief description:		\$	□ s	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<b>O</b> s	
Line from Schedule A/B:			☐ 100% of fair market value. up to any applicable statutory limit	
Brief description:		\$	<b>S</b>	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	\$ \$ 100% of fair market value, up to	
Line from Schedule A/B:	<del></del>		any applicable statutory limit	
Brief description:		\$	<b>-</b> \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<b>s</b>	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<b>-</b> \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your case				
Debtor 1 MAGDELINE D. HERNAN First Name Middle Na				
Debtor 2	ame Last Name			
(Spouse, if filing) First Name Middle No				
United States Bankruptcy Court for the:	District of			
Case number (If known)				if this is an
			ameno	ded filing
Official Form 106D				
	. Who Have Claims Secure	nd by Pron	ortv	40/45
	s Who Have Claims Secure			12/15
Be as complete and accurate as possible. information. If more space is needed, copy additional pages, write your name and cas	If two married people are filing together, both are ed to the Additional Page, fill it out, number the entries, and a number (if known)	ually responsible for and attach it to this	or supplying corre form. On the top o	ct of any
additional pages, write your name and cas	e number (ii known).			
1. Do any creditors have claims secured by				
	n to the court with your other schedules. You have nothi	ng else to report on ti	nis form.	
Tes.1 iii iii aii of the iiiiofmation below.				
Part 1: List All Secured Claims				
2 List all secured claims If a creditor has m	ore than one secured claim, list the creditor separately	Column A	Column B	Column C
for each claim. If more than one creditor ha	as a particular claim, list the other creditors in Part 2.	Amount of claim  Do not deduct the	Value of collateral that supports this	
· · ·	abetical order according to the creditor's name.	value of collateral.	claim	If any
TOWNE MORTGAGE	Describe the property that secures the claim:	s151,557.00	\$_257,200.00	\$ 105,643.0
Creditor's Name 2170 E BIG BEAVER RD A	SINGLE FAMILY HOME			
Number Street				
	As of the date you file, the claim is: Check all that apply.  Contingent			
TROY MI 48083	☐ Unliquidated			
City State ZIP Code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only	An agreement you made (such as mortgage or secured car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)	-		
community debt	Last delimita of account on the			
Date debt was incurred	Last 4 digits of account number	\$ 3,264.00	s 3,264.00	0.00 s
ALLEY FINANCIAL INC Creditor's Name	Describe the property that secures the claim:	\$	\$3,204.00	\$ 0.00
PO BOX 380901	NISSAN 2009			
Number Street	As of the date you file, the claim is: Check all that apply.			
· ————————————————————————————————————	Contingent			
BLOOMINGTON M 55438  City State ZIP Code	Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only  Debtor 2 only	<ul> <li>An agreement you made (such as mortgage or secured car loan)</li> </ul>			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit☐ Other (including a right to offset)			
Check if this claim relates to a	Other (including a right to offset)	_		
community debt  Date debt was incurred	Last 4 digits of account number			
Topician mana, automortisti deli dell'antima su per un montribilità pintere en constitutione de la constit	Column A on this page. Write that number here:	s <u>154,821.00</u>	170 T	111900

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Additional Page Part 1: After listing any entries on this p by 2.4, and so forth.	page, number them beginning with 2.3, followed	Column A  Amount of claim  Do not deduct the value of collateral.	Column B  Value of collateral that supports this claim	Column C Unsecured portion If any
WELLS FARGO AUTO LOAN	Describe the property that secures the claim:	\$30,388.00	\$_25,000.00	i
PO BOX 10709  Number Street	CTS 2017 CADI			
RALEIGH NC 27605 City State ZIP Code	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☑ At least one of the debtors and another	□ An agreement you made (such as mortgage or secured car loan)     □ Statutory lien (such as tax lien, mechanic's lien)     □ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)	-		
Date debt was incurred	Last 4 digits of account number			
Creditor's Name	Describe the property that secures the claim:	\$	\$\$	i
Water Control				
Number Street	As of the date you file, the claim is: Check all that apply.  Contingent			
City State ZIP Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	An agreement you made (such as mortgage or secured car loan)      Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)	_		
Date debt was incurred	Last 4 digits of account number			
Creditor's Name	Describe the property that secures the claim:	<b>\$</b>	\$\$	<b>3</b>
Number Street				
City State ZIP Code	As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated			
Who owes the debt? Check one.	Disputed			
Debtor 2 only	Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another  Check if this claim relates to a	Judgment lien from a lawsuit     Other (including a right to offset)	-		
community debt  Date debt was incurred	Last 4 digits of account number			

Write that number here:

Fill in Abia	information to identify							
FIII III UIIS	information to identify	your case.						
Debtor 1	MAGDELINE D. H	IERNANDEZ-	CARRI	LLO				
	First Name	Middle Name		Last Name	_			
Debtor 2 (Spouse, if filin	(A) First Name	Middle Name		Last Name	-			
(Opodac: II IIIII	g/ That Hallie	Wilde Halle		Fastisaille				
United State	s Bankruptcy Court for the:	DISTRICT OF N	EVADA					
Case numbe	ır							ck if this is an
(If known)							ame	nded filing
Official	Form 106E/F							
		editors V	Vho i	Have Unse	cured Clain	ne		12/15
							_	
Be as comp	lete and accurate as po	ossible. Use Part	t 1 for cr	editors with PRIORIT	Y claims and Part 2 for	creditors with	NONPRIORIT	ΓY claims.
A/R: Proper	er party to any executo tv (Official Form 106A/I	ry contracts or t R) and on School	Inexpire Iulo G. F	d leases that could re vacutory Contracts a	esult in a claim.  Also li nd Unexpired Leases (	st executory co	ontracts on S	chedule
creditors with	th partially secured cla	ims that are list	ed in Sci	hedule D: Creditors V	Vho Have Claims Secui	red by Property	v. If more spa	ce is
needed, cop	y the Part you need, fil	ll it out, number	the entri	es in the boxes on th	e left. Attach the Conti	nuation Page t	o this page. (	On the top of
any addition	ial pages, write your na	ame and case nu	ımber (if	known).				·
Part 1: L	ist All of Your PRIO	RITY Unsecur	ed Clair	ms				
		Onscou	cu oran					
	reditors have priority (	unsecured claim	s agains	t you?				
-	So to Part 2.							
Yes.								
2. List all o	f your priority unsecu	r <b>ed claims</b> . If a cr	editor ha	s more than one priori	ty unsecured claim, list tl	he creditor sepa	rately for eacl	n claim. For
each clair	m listed, identify what typ	pe of claim it is. If	a claim l	nas both priority and no	onpriority amounts, list th	at claim here ar	nd show both	priority and
unsecure	d claims fill out the Con	tinuation Page of	Claims in Part 1 If	alphabetical order acc	ording to the creditor's n or holds a particular claim	ame. It you hav	e more than to	vo priority
	xplanation of each type					i, list the other c	reunors in Pa	ı
(i oi aii e	Apianation of caulitype	or claim, see the i	iisti uctio	ns for this form in the n	istruction booklet.)	Takal alakas	D.1	N - + 14
						Total claim	Priority amount	Nonpriority amount
2.1								
	editor's Name	<del></del>	Last 4	digits of account num	ber	\$	\$	_ \$
Priority Cr	editor's Name		\A/ham	seen the debt leaves d	2			
Number	Street		winen	was the debt incurred	·			
			As of	the date you file the el	aim is. Cheek all that and			
				-	aim is: Check all that apply	′		
City	State	ZIP Code	_	ntingent				
Who inc	curred the debt? Check of	ne.	_	liquidated sputed				
☐ Debt			<b>—</b> Di	sputed				
Debt			Type	of PRIORITY unsecut	ed claim:			
	or 1 and Debtor 2 only		D Do	mestic support obligations	š			
	ast one of the debtors and a				ts you owe the government			
☐ Chee	ck if this claim Is for a co	ommunity debt	_	aims for death or personal				
Is the cl	aim subject to offset?			oxicated	many mine you note			
☐ No			Ot	ner. Specify		-		
Yes	en neu na mana makakakanakanakan na mahanda dimenti ni ni mananakan di	ar en en en entanten en e					- Control of the Control	
2.2			last 4	didits of account num	har			
Priority Cre	editor's Name				ber	\$	. \$	_ \$
	<u>-</u>		When	was the debt incurred	?			
Number	Street		As of t	he date you file, the cl	aim is: Check all that apply			
				ntingent	annia: Oneok an that apply			
City	State	ZIP Code		liquidated				
·	urred the debt? Check or		_	puted				
Debto		IG.		r				
Debte			-	of PRIORITY unsecur				
	or 1 and Debtor 2 only			mestic support obligations				
	ast one of the debtors and a	nother			s you owe the government			
_	k if this claim is for a co			ims for death or personal	injury while you were			
	aim subject to offset?	y wow.		oxicated				
Is the ci	ann subject to offset?		☐ Oth	er. Specify				
Yes								

Schedule E/F: Creditors Who Have Unsecured Claims

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Case number (if known)\_\_

Debtor 1

First Name

MAGDELINE D. HERNANDEZ-CARRILLO Middle Name

Last 4 digits of account number   \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	r listing any entries on this page, number them	beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriorit amount
When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Configured  Undiquidated Deputed  Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Check if this claim is for a community debt is the claim subject to offset?  Number Sinet  Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Number Sinet  As of the date you file, the claim is: Check all that apply  Cother Speedy  When was the debt incurred?  As of the date you were indoctated Desputed  Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Debtor 4 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 4 and Debtor 3 only Debtor 4 and Debtor 3 only Debtor 5 and another Claims for death opersonal injury while you were indoctated Desputed  Who incurred the debt? Check one. Debtor 1 and petion 2 only Debtor 4 and Debtor 3 only Debtor 4 and Debtor 3 only Debtor 5 and another Claims for death opersonal injury while you were indoctated Desputed  Who incurred the debt? Check one. Debtor 1 and Select  Name  When was the debt incurred?  As of the date you file, the claim is: Check all that apply Consingent Uniquidated Desputed  Other Specify  Who incurred the debt? Check one. Debtor 1 and Select  As of the date you file, the claim is: Check all that apply Claims for death opersonal injury while you were indoctated  Other Specify  Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 3 and Debtor 3 only Debtor 3 and Debtor 3 only Debtor 4 and Debtor 4 only Debtor 4 and Debtor 4 only Debtor 4 and Debtor 5 only Debtor		Last 4 digits of account number	\$	\$	\$
As of the date you file, the claim is: Check all that apply    Contingent   Disputed	Priority Creditor's Name				
Contingent   Disputed	Number Street	When was the debt incurred?			
City State ZP Code Debtor 1 only Debtor 1 and Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?    No   Yes		As of the date you file, the claim is: Check all that apply.			
Who incurred the debt? Check one Debtor 1 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 1 only I vea  Last 4 digits of account number Sinest  When was the debt incurred?  As of the date you file, the claim is: Check all that apply Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Size Debtor 1 only Check if this claim is for a community debt Is the claim subject to offset? Number Size Who was the debt incurred?  As of the date you file, the claim is: Check all that apply Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? Number Size Who was the debt incurred? As of the date you file, the claim is: Check all that apply Check if this claim is for a community debt Taxes and certain other debts you owe the government Check if this claim is for a community debt  Is the claim subject to offset? Number Size Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Size Tired Deptor 2 only Debtor 1 only Debtor 1 only Tired 3 only Debtor 1 only Deb		•			
Disputed   Disputed   Disputed   Disputed   Disputed   Debtor 1 only   Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 3 only   Debtor 3 only   Debtor 3 only   Debtor 3 only   Debtor 4 only   Debtor 5 only   Debtor 5 only   Debtor 5 only   Debtor 6 only   Debtor 7 only   Debtor 6 only   Debtor 7 only   Debtor 7 only   Debtor 6 only   Debtor 7 only   Debtor 8 only   Debto	City State 7ID Code				
Who incurred the debt? Check one   Debtor 1 and Debtor 2 only   Domestic support obligations     Debtor 3 and Debtor 2 only   Domestic support obligations     Debtor 3 and Debtor 2 only   Domestic support obligations     Debtor 3 and Debtor 2 only   Domestic support obligations     Debtor 3 and Debtor 2 only   Domestic support obligations     Debtor 3 and Debtor 2 only   Domestic support obligations     Debtor 3 and Debtor 2 only   Domestic support obligations     Debtor 1 only Debtor 2 only   Domestic support obligations     Debtor 1 only Debtor 2 only   Domestic support obligations     Debtor 1 only Debtor 2 only   Domestic support obligations     Debtor 1 only State 2 P Code   Domestic support obligations     Debtor 1 only Debtor 2 only   Domestic support obligations   Dom	Gity State Zir Code	•			
Debtor 2 only   Debtor 1 and Debtor 2 only   Type of PRIORITY unsecured claim:   Debtor 1 and Debtor 2 only   Debtor 2 only   Type of PRIORITY unsecured claim:   Debtor 3 only   Debtor 4 only   Debtor 5 only   Debtor 6 only   Debtor 7 only   Debtor 7 only   Debtor 7 only   Debtor 8 o	Who incurred the debt? Check one.				
Debtor 1 and Debtor 2 only   Check if this claim is for a community debt     All least one of the debtors and another   Check if this claim is for a community debt     Check if this claim is for a community debt     No	Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only		Domestic support obligations			
At least one of the debtor and another   Check if this claim is for a community debt   Check if this claim is for a community debt   Check off this claim is for a c					
Check if this claim is for a community debt     Steet   Check if this claim is for a community debt     Check if this claim is for a community debt     Steet   Check one     Priority Creditor's Name     Number   Sireet     As of the date you file, the claim is: Check all that apply     Contingent     Uniquidated     Debtor 1 only     Debtor 2 only     Debtor 3 only     Debtor 3 only     Debtor 4 onle debtors and another     Check if this claim is for a community debt     Is the claim subject to offset?     No     Yes     Yes     When was the debt incurred?     Claims for death or personal injury while you were intoxicated     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Check if this claim is for a community debt     Claims for death or personal injury while you were intoxicated	At least one of the debtors and another	<u> </u>			
Is the claim subject to offset?  No	$oldsymbol{\Box}$ Check if this claim is for a community debt	_			
Last 4 digits of account number \$ \$	le the claim cubiect to offeet?	Utner Specify			
Ves	•				
When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  City State ZiP Code   Disputed    Who incurred the debt? Check one   Debtor 1 only   Domestic support obligations    Taxes and certain other debts you were intoxicated    Other Specify    No   Yes    City State ZiP Code    When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent    Uniquidated    Disputed    Taxes and certain other debts you owe the government    Claims for death or personal injury while you were intoxicated    Other Specify    When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  City State ZiP Code   Disputed    Who incurred the debt? Check one    Debtor 1 only   Domestic support obligations    Type of PRIORITY unsecured claim:    Domestic support obligations    Type of PRIORITY unsecured claim:    Domestic support obligations    Taxes and certain other debts you owe the government    Claims for death or personal injury while you were intoxicated    Domestic support obligations    Taxes and certain other debts you owe the government    Claims for death or personal injury while you were intoxicated    Claims for death or personal injury while you were intoxicated    Claims for death or personal injury while you were intoxicated    Claims for death or personal injury while you were intoxicated    Claims for death or personal injury while you were intoxicated    Claims for death or personal injury while you were intoxicated    Claims for death or personal injury while you were intoxicated    Claims for death or personal injury while you were intoxicated    Claims for death or personal injury while you were intoxicated    Claims for death or personal injury while you were intoxicated    Claims for death or personal injury while you were intoxicated    Claims for death or personal injury while you were intoxicated    Claims for death or personal injury while you were intoxicated    Claims for death or personal injury while you					
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As of the date you file, the claim is: Check all that apply    Contingent		When was the debt incurred?			
City State ZIP Code  Who incurred the debt? Check one  Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Last 4 digits of account number \$ \$ \$ \$  Priority Creditor's Name  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Claims for death or personal injury while you were inflowscated Check if this claim is for a community debt  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only At least one of the debtors and another Claims for death or personal injury while you were inflowscated to personal injury while you were inflowscated the debts on were government Claims for death or personal injury while you were inflowscated the inflomation of the debts you owe the government Claims for death or personal injury while you were inflowscated the inflomation of the debts on were inflowed the debts on were inflomatically the priority of the debts you were inflomation.	Number Street				
Who incurred the debt? Check one    Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 3 only   Debtor 4 one the debtors and another   Claims for death or personal injury while you were intoxicated   Disputed		As of the date you file, the claim is: Check all that apply.			
Disputed   Disputed					
Who incurred the debt? Check one.    Debtor 1 only   Debtor 2 only   Debtor 1 and Debtor 2 only   Taxes and certain other debts you owe the government   Claims for death or personal injury while you were intoxicated   Other Specify	City State ZIP Code	•			
□ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 3 and Debtor 2 only □ Debtor 4 and Debtor 3 only □ Debtor 4 and Debtor 5 only □ At least one of the debtors and another □ Check if this claim is for a community debt  Is the claim subject to offset? □ No □ Yes □ Ves □ Last 4 digits of account number □ Street □ As of the date you file, the claim is: Check all that apply. □ Contingent □ Uniquidated □ Disputed  Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Claims for death or personal injury while you were intoxicated □ Disputed □ Claims for death or personal injury while you were intoxicated □ Disputed □ Claims for a community debt □ Claims for death or personal injury while you were intoxicated □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Claims for death or personal injury while you were intoxicated □ Claims for death or personal injury while you were intoxicated	Who incurred the debt? Check one	☐ Disputed			
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Steel □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ Street □ As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Claims for death or personal injury while you were intoxicated □ Other Specify □ No □ Yes □ No □ Yes □ Vhen was the debt incurred? □ As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check iff this claim is for a community debt □ Check iff this claim is for a community debt □ Check iff this claim is for a community debt □ Check iff this claim is for a community debt □ Check iff this claim is for a community debt □ Check iff this claim is for a community debt □ Check iff this claim is for a community debt □ Check iff this claim is for a community debt □ Check iff this claim is for a community debt □ Check iff this claim is for a community debt □ Check iff this claim is for a community debt □ Check iff this claim is for a community debt □ Check iff this claim is for a community debt	_	Type of PRIORITY unsecured claim:			
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At least one of the debtors and another					
Check if this claim is for a community debt  Check if this claim is for a community debt					
Other Specify   Other Specify     Is the claim subject to offset?   No   Yes     Priority Creditor's Name   When was the debt incurred?     Number   Street   As of the date you file, the claim is: Check all that apply.     Contingent   Unliquidated   Disputed     Debtor 1 only   Type of PRIORITY unsecured claim:     Debtor 2 only   Debtor 2 only   Taxes and certain other debts you owe the government     At least one of the debtors and another   Claims for death or personal injury while you were intoxicated					
□ No □ Yes  Last 4 digits of account number	☐ Check if this claim is for a community debt				
Last 4 digits of account number\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Is the claim subject to offset?				
Last 4 digits of account number    Contingent   Contingen					
When was the debt incurred?  Number Street  As of the date you file, the claim is: Check all that apply.  City State ZIP Code Unliquidated Disputed  Who incurred the debt? Check one.  Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Claims for death or personal injury while you were intoxicated	Yes		Secretary of the section		
When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  City State ZIP Code Unliquidated Disputed  Who incurred the debt? Check one.  Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim: Claims for death or personal injury while you were intoxicated		Last 4 digits of account number	\$	\$	\$
As of the date you file, the claim is: Check all that apply.  City State ZIP Code Unliquidated Disputed  Who incurred the debt? Check one.  Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  As of the date you file, the claim is: Check all that apply.  Unliquidated Disputed  Type of PRIORITY unsecured claim: Claims for death or personal injury while you were intoxicated	Priority Creditor's Name				
City State ZIP Code Unliquidated Disputed  Who incurred the debt? Check one.  Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Contingent Unliquidated Disputed  Type of PRIORITY unsecured claim:  Community debt Claims for death or personal injury while you were intoxicated	Number Street	When was the debt incurred?			
City State ZIP Code Unliquidated Disputed  Who incurred the debt? Check one.  Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Unliquidated Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated		As of the date you file, the claim is: Check all that apply.			
Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only At least one of the debtors and another  Check if this claim is for a community debt  Disputed  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated		☐ Contingent			
Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated	City State ZIP Code				
□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Check if this claim is for a community debt	Who incurred the daht? Charles	■ Disputed			
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Check if this claim is for a community debt		Type of PRIORITY unsequired claim:			
Debtor 1 and Debtor 2 only  At least one of the debtors and another  Claims for death or personal injury while you were intoxicated	_				
At least one of the debtors and another    Claims for death or personal injury while you were intoxicated					
Claims for death or personal injury while you were intoxicated					
Check if this ciaim is for a community neof	_				
	☐ Check if this claim is for a community debt	Other. Specify		***************************************	
	Is the claim subject to offset?				

☐ Yes

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Debtor 1

MAGDELINE D. HERNANDEZ-CARRILLO	Case number (if known)
No. of the Name	

Part 2:	List All of Your	NONPRIORITY	Unsecured	Claim

3. Do any creditors have nonpriority unsecured claims against you?

Į	☐ No. You have nothing to report in that Yes					
r	contributive unsecured claim, list the cre	editor separa editor holds a	ately for each cla	Il order of the creditor who holds each claim. If a creditor has im. For each claim listed, identify what type of claim it is. Do not a, list the other creditors in Part 3.If you have more than three no	list clai	ms aiready
_					Tota	l claim
4.1	CREDENCE RESOURCE MO	SMT		Last 4 digits of account number	\$	1,105.00
	Nonpriority Creditor's Name PO BOX 2300			When was the debt incurred?		
	Number Street		<del></del>	_		
	SOUTHGATE	MI State	48195 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIF Code	Contingent		
	Who incurred the debt? Check one.			☐ Unliquidated		
	Debtor 1 only			☐ Disputed		
	☐ Debtor 2 only					
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and anothe	r		☐ Student loans		
	☐ Check if this claim is for a commi	unity debt		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts	i	
	✓ No ☐ Yes			Other Specify AT&T COLLECTION		
	₩ Yes	Marine and a second second		and the second of the second o		1,770
4.2	ENHANCED RECOVERY CO	MP		Last 4 digits of account number	\$	3,000.00
	Nonpriority Creditor's Name			When was the debt incurred?		
	8014 BAYBERRY RD			_		
	Number Street JACKSONVILLE	FL	32256	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check one.			Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only			Turns of NONDRIORITY consequed alaims		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another	er		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce		
	Check if this claim is for a comm	unity debt		that you did not report as priority claims		
	Is the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other Specify COLLECTION	3	
	☑ No			Other, Specify COLLECTION		
	bilitaris saucranistificialmenta una estandasticida morte estan elemente esta e constante frances e e securitori	were a second of the second of		And the second of the second o	and the second	A TAJA NIJERIA
4.3	MIDLAND CREDIT MGMT	<del></del>		Last 4 digits of account number	<b>e</b>	4,000.00
	Nonpriority Creditor's Name			When was the debt incurred?	Ψ	
	320 E. GIG BEAVER  Number Street			<del></del>		
	TROY	MI	48083	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	_		
	Who incurred the debt? Check one.			☐ Contingent ☐ Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only					
	At least one of the debtors and another	er		Type of NONPRIORITY unsecured claim:		
	_			☐ Student loans		
	Check if this claim is for a comm	unity debt		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>		
	Is the claim subject to offset?  ✓ No			Debts to pension or profit-sharing plans, and other similar debt	ŝ	
	Yes			✓ Other Specify <u>COLLECTION</u>		

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Debtor 1

MAGDELINE D. HERNANDEZ-CARRILLO

/IAGUEL	INE D. HEKI	NANDEZ-CARRILLO	
First Name	Middle Name	Last Name	

Case number (if known)
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Part	γ.

Your NONPRIORITY Unsecured Claims — Continuation Page

Afte	er listing any entries on this page, no	ımber the	m beginning with	4.4, followed by 4.5, and so forth.	Total claim
4.4	DIVERSITY CONSULTANTS			Last 4 digits of account number	\$ 2,500.00
	Nonpriority Creditor's Name  10550 DEERWOOD PK BLVI	STE 3	09	When was the debt incurred?	
	Number Street JACKSONVILLE	FL	32256	As of the date you file, the claim is: Check all that apply.	
	City  Who incurred the debt? Check one.	State	ZIP Code	Contingent Unliquidated Disputed	
	✓ Debtor 1 only     ✓ Debtor 2 only     ✓ Debtor 1 and Debtor 2 only     ✓ At least one of the debtors and anothe	-		Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a commuls the claim subject to offset?  ☑ No	inity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify COLLECTION	
4.5	HONOR FINANCE CORP	ganca i a santana ganga	umman ta kan uma t	Last 4 digits of account number	\$_15,054.6 <b>4</b>
	Nonpriority Creditor's Name 909 DAVIS ST STE 260			When was the debt incurred?	
	Number Street EVANSTON	IL	60201	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one.  ✓ Debtor 1 only  □ Debtor 2 only  □ Debtor 1 and Debtor 2 only  □ At least one of the debtors and another	r		☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a commuls the claim subject to offset? ☑ No ☐ Yes	inity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify GARNISHMENT	
4.6	OPPORTUN	Mary Committee C		Last 4 digits of account number	\$_3,000.00
	Nonpriority Creditor's Name		-		
	2433 E TROPICANA AVE			When was the debt incurred?	
	LAS VEGAS	NV	89121	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one.  ✓ Debtor 1 only  □ Debtor 2 only  □ Debtor 1 and Debtor 2 only  □ At least one of the debtors and anothe			☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans	
				Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	□ Check if this claim is for a commuls the claim subject to offset? ☑ No □ Yes	inity debt		Debts to pension or profit-sharing plans, and other similar debts  Other. Specify LOAN	

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Debtor 1	MAGDELINE D. HERNANDEZ-C		Case number (# known)	
art 2:	Your NONPRIORITY Unsecured C	iaims — Continu	ration Page	
fter lis	ling any entries on this page, number th	em beginning with	4.4, followed by 4.5, and so forth.	Total claim
Z CR	REDIT ONE		Last 4 digits of account number	s <u>1800.00</u>
	prionty Creditor's Name  DBOX 60500		When was the debt incurred?	
Num		91716	As of the date you file, the claim is: Check all that apply	
City	,, 0, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ZIP Code	Contingent Unliquidated Disputed	
000	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim:  Student loans  Obligations ansing out of a separation agreement or divorce that you did not report as priority claims	
	Yes		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other Specify CC	
	ROGRESSIVE FINANCIAL LLC	and the half and the many construction of the second	Last 4 digits of account number	\$ 1900.00
	prionty Creditor's Name 66 WEST DATA DR		When was the debt incurred?	
	nber Street RAPER UT	84020	As of the date you file, the claim is: Check all that apply	
City	State	ZIP Code	Contingent Unliquidated Disputed	
	Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another		<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
ls t	Check if this claim is for a community debi the claim subject to offset? No Yes		Debts to pension or profit-sharing plans, and other similar debts  Other Specify LOAN	
	NAP FINANCE		Last 4 digits of account number	\$ 1000.00
P	npriority Creditor's Name O BOX 26561		When was the debt incurred?	
S	nber Street ALT LAKE CITY UT	84126	As of the date you file, the claim is: Check all that apply.	
	no incurred the debt? Check one.	ZIP Code	Contingent Unliquidated Disputed	
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another		Type of <b>NONPRIORITY</b> unsecured claim:  Claim:	
	At least one of the debtors and another  Check if this claim is for a community debt the claim subject to offset?	ŧ	Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-shanng plans, and other similar debts  Other Specify LOAN	
	No Yes		3,000	

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760101	GDELINE D. HERNA		The second secon	Case number (#known)	
First No.	Middle Name  NONPRIORITY Unse	Last Nar		nuation Page	
After listing any	entries on this page, n	umber the	em beginning wit	th 4.4, followed by 4.5, and so forth.	Total clair
10 KORNERS	TONE FINANCE			Last 4 digits of account number	\$ 2900.00
Nonpriority Credit			**************************************	When was the debt incurred?	Subject to the second s
	Street	CA	84126	As of the date you file, the claim is: Check all that apply	
Who incurred	d the debt? Check one.	State	ZIP Code	Contingent Unliquidated Unsputed	
Debtor 1 or	nly			Type of NONPRIORITY unsecured claim:	
☐ At least on ☐ Check if t	nd Debtor 2 only e of the debtors and anothe his claim is for a commit subject to offset?	unit <b>y d</b> ebt		<ul> <li>☐ Student loans</li> <li>☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>☐ Debts to pension or profit-sharing plans, and other similar debts</li> <li>☐ Other Specify LOAN</li> </ul>	
	EEK FINANCIAL SV		ngagagag yan in kini in singni sawa sa sa	Last 4 digits of account number	\$750.00
Nonpriority Credi				When was the debt incurred?	
	Street	VA	23058	As of the date you file, the claim is: Check all that apply	
City		State	ZiP Code	Contingent	
Who incurre	d the debt? Check one			Unliquidated	
Debtor 1 o				☐ Disputed	
Debtor 2 o	•			Type of NONPRIORITY unsecured claim	
Debtor 1 a	nd Debtor 2 only			Student loans	
At least on	e of the debtors and anothe	er		Obligations arising out of a separation agreement or divorce that	
Check if	this claim is for a comm	unity debt		you did not report as priority claims	
	subject to offset?	,		☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other Specify	
□ No □ Yes					
12 ACIMA	e disease in the confidence of	KATERON APAR MA	Manager and the second of the second	Last 4 digits of account number	s_1675.00
Nonpriority Cred		I OOR		When was the debt incurred?	
	MONROE ST 4TH F			——————————————————————————————————————	
SANDY		UT State	84070	As of the date you file, the claim is: Check all that apply  Contingent	
•	d the debt? Check one			Unliquidated Disputed	
Debtor 1 o	•				
Debtor 2 o	•			Type of NONPRIORITY unsecured claim:	
	nd Debtor 2 only se of the debtors and anothe	ar		Student loans	
	this claim is for a comm			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other Specify	
☐ No ☐ Yes					

Debtor 1

MAGDELINE D.	HERNANDEZ-CARRILL	0.
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MAGDEE	AL D. HEIM		Case number (#known)	
First Name	Middle Name	Last Name	*** *** *** *** *** *** *** *** *** **	

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### Your NONPRIORITY Unsecured Claims - Continuation Page

listing any entries on this page, numb	er them/beginning with 4.	4, followed by 4.5, and so forth.	Total cla
SUNRISE HOSPITAL		Last 4 digits of account number	<sub>\$</sub> 3500.0
Nonpriority Creditor's Name		Market and the state of the control	*
3186 S MARYLAND PKWY		When was the debt incurred?	
LAG ALOVO	NV 89109	As of the date you file, the claim is: Check all that apply.	
City St.	ate ZIP Code	Contingent	
Who incurred the debt? Check one		Unliquidated Disputed	
Debtor 1 only		Lisputed	
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		☐ Student loans	
At least one of the debtors and another		Obligations ansing out of a separation agreement or divorce that	
Check if this claim is for a community	, dahi	you did not report as priority claims	
·	י עפטנ	Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?		Other Specify	
No No			
☐ Yes			
rognosti, y riske y tropiske motoromostinosti programa mostinosti i programa i se se en el estre estre el el e	The second second second second	en de la companya de	
		Last 4 digits of account number	\$
lonprionty Creditor's Name		When was the debt incurred?	
lumber Street		As of the date you file, the claim is: Check all that apply.	
City St	ate ZIP Code	Contingent	
<del>-</del> .,		Unliquidated	
Who incurred the debt? Check one.		☐ Disputed	
Debtor 1 only			
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		Student loans	
At least one of the debtors and another		$oldsymbol{\Box}$ Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a communit	y debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?		Other Specify	
□ No		- Onto Specify	
Yes			
i kapitagana sebera a magancenan se o seo semaga getter separ Andreas para se a seo a seo a seo a seo a seo a s	and additional and the second and th		s
Name and Constitute A Name		Last 4 digits of account number	<b>V</b>
Nonpriority Creditor's Name		When was the debt incurred?	
Number Street		As of the date you file, the claim is: Check all that apply	
City	tate ZIP Code	Contingent	
Matter to commend the section of		Unliquidated	
Who incurred the debt? Check one.		☐ Disputed	
Debtor 1 only		Turns of MONIBBIODITY and the first	
Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim.	
At least one of the debtors and another		Student loans	
		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
☐ Check if this claim is for a communit	y debt	Debts to pension or profit-sharing plans, and other similar debts	
is the claim subject to offset?		Other Specify	

#### Case 19-16801-mkn Doc 1 Entered 10/21/19 15:06:13 Page 36 of 65

Debtor 1

### MAGDELINE D. HERNANDEZ-CARRILLO

st Name Middle Name La

Case number	(if known)				
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Part 3:

#### List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. On which entry in Part 1 or Part 2 did you list the original creditor? AT&T MOBILITY Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims 208 S AKARD ST Part 2: Creditors with Nonpriority Unsecured Claims Number Street Last 4 digits of account number \_\_\_ \_\_ \_ **DALLAS** TX 75202 ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? LAW OFFICE OF HAYES Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims 2 WELCH STE 200 ☑ Part 2: Creditors with Nonpriority Unsecured Number Claims **HENDERSON** NV 89074 Last 4 digits of account number \_\_\_\_ State ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? MARK A. KIRKORKSY PC Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims 8020 W SAHARA AVEW ST 225 Part 2: Creditors with Nonpriority Unsecured Street Claims WAGE GARNISHMENTS NV 89117 LAS VEGAS Last 4 digits of account number \_\_\_ \_\_ \_\_ ZIP Code ADP, LLC On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims PO BOX 221230 ☑ Part 2: Creditors with Nonpriority Unsecured Claims WAGE GARNISHMENTS **EL PASO** TX 79912 Last 4 digits of account number \_\_\_ \_\_ LAS VEGAS TOWNSHIP CONSTABLE On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims 301 E. CLARK AVE STE 100 ☑ Part 2: Creditors with Nonpriority Unsecured Claims LAS VEGAS NV 89121 Last 4 digits of account number \_\_\_ \_\_ 7IP Code State LAS VEGAS JUSTICE COURT On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims 200 LEWIS AVE Number Part 2: Creditors with Nonpriority Unsecured Claims LAS VEGAS NV 89101 Last 4 digits of account number \_\_\_ \_ State ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? Name \_\_\_ of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street ☐ Part 2: Creditors with Nonpriority Unsecured Claims

City

State

ZIP Code

Last 4 digits of account number \_\_\_ \_

Debtor 1

### MAGDELINE D. HERNANDEZ-CARRILLO

First Name Middle Name Last Name

Case number (if known)\_\_\_\_\_

Part 4:

### Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim	
Total claims	6a.	Domestic support obligations	6a.	\$	0.00
from Part 1	6b	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d	<b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d.	+ \$	0.00
	6e	. <b>Total.</b> Add lines 6a through 6d.	6e.	\$	0.00
				Total claim	
Total claims	6f.	Student loans	6f.	\$	0.00
from Part 2	6g	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$	42,184.00
	6j.	Total. Add lines 6f through 6i.	6j.	\$	42,184.00

Fill in this in	nformation to ide						
5	MAGDELINE	D HERN	ANDEZ-CAF	RRILLO			
Debtor	First Name		le Name	Last Name			
Debtor 2 (Spouse If filing)	) First Name	Middl	le Name	Last Name			
United States	Bankruptcy Court fo	r the: DISTRI	CT OF NEVAD	ıΑ			
Case number						Г	Toballi sealis is a
(If known)						•	Check if this is a amended filing
Official l	Form 1060	3					
Sched	ule G: Ex	 cecuto	ry Cont	tracts and	d Unexpired	Leases	12/15
information.	ete and accurate If more space is a ages, write your n	needed, cop	y the addition	al page, fill it out, n	ogether, both are equally umber the entries, and a	y responsible for supply ttach it to this page. On	ing correct the top of any
✓ No. 0		d file this form	n with the court	with your other sche	edules. You have nothing e re listed on <i>Schedule A/B:</i>		06A/B).
					tract or lease. Then state	what each contract or I	
	e, rent, vehicle lea ed leases.	ase, cell pho	one). See the in	structions for this for	m in the instruction bookle	et for more examples of ex	
unexpire					m in the instruction bookle	contract or lease is for	,
Person 2.1	ed leases.				m in the instruction bookle		,
unexpire Person	ed leases.				m in the instruction bookle		,
Person 2.1	ed leases.				m in the instruction bookle		,
Person 2.1	or company with				m in the instruction bookle		
Person  2.1  Name  Number	or company with	whom you b	have the contro		m in the instruction bookle		
Person  2.1  Name  Number  City	or company with	whom you b	have the contro		m in the instruction bookle		
Person  2.1  Name  Number  City  2.2  Name	or company with	whom you b	have the contro		m in the instruction bookle		
Person  2.1  Name  Number  City  2.2  Name  Number	or company with	whom you i	have the contri		m in the instruction bookle		
Person  2.1  Name  Number  City  2.2  Name  Number  City	or company with	whom you b	have the contro		m in the instruction bookle		
Person  2.1  Name  Number  City  2.2  Name  Number  City  2.3	or company with	whom you i	have the contri		m in the instruction bookle		
Person  2.1  Name  Number  City  2.2  Name  Number  City	or company with	whom you i	have the contri		m in the instruction bookle		
Person  2.1  Name  Number  City  2.2  Name  Number  City  2.3	or company with	whom you i	have the contri		m in the instruction bookle		
Person  2.1  Name  Number  City  2.2  Name  Number  City  2.3	or company with  Street	whom you i	have the contri		m in the instruction bookle		
Person  2.1  Name Number City  2.2  Name Number City  2.3  Name Number	or company with  Street	State	ZIP Code		m in the instruction bookle		
Person  2.1  Name Number City  2.2  Name Number City  2.3  Name Number City	or company with  Street	State	ZIP Code		m in the instruction bookle		
Person (2.1)  Name Number City 2.2  Name Number City 2.3  Name Number City 2.4	or company with  Street	State	ZIP Code		m in the instruction bookle		
Person (2.1)  Name Number City 2.2  Name Number City 2.3  Name Number City 2.4  Name Number	or company with  Street  Street	State  State	ZIP Code		m in the instruction bookle		
Person (2.1)  Name Number City 2.2  Name Number City 2.3  Name Number City 2.4  Name	or company with  Street  Street	State	ZIP Code		m in the instruction bookle		

City

Number

Street

State

ZIP Code

<b>5</b> :0 :-	- Abia information to identif	M AOUR CSEO.		
FILLU	this information to identif		DILL O	
Debto	MAGDELINE D. First Name	HERNANDEZ-CAF	KRILLU Last Name	-
Debto (Spous	or 2 se, if filing) First Name	Middle Name	Last Name	
` `	d States Bankruptcy Court for the	EDISTRICT OF NEVAD	A	
				_
(If kno	own)			Check if this is ar amended filing
				amonaea mitg
	cial Form 106H			
	nedule H: You			12/15
are fili and nu case n 1. Do 2. W A	ing together, both are equal imber the entries in the both in the political properties. In the political properties in the political properties. Answer of your have any codebtors?  No. Yes  Vithin the last 8 years, have prizona. California, Idaho, Lou prizona, California, Californi	Illy responsible for sup xes on the left. Attach (every question.  If you are filing a joint of you lived in a communication. Nevada, New Memer spouse, or legal equinity state or territory did yer spouse, or legal equivalent.	plying correct informatic the Additional Page to the case, do not list either sponity property state or terexico, Puerto Rico, Texas ivalent live with you at the cou live?	itory? (Community property states and territories include Washington, and Wisconsin.)  time? Fill in the name and current address of that person.
s S	shown in line 2 again as a c	odebtor only if that per 06D), Schedule E/F (Of	rson is a guarantor or co	lebtor if your spouse is filing with you. List the person signer. Make sure you have listed the creditor on chedule G (Official Form 106G). Use Schedule D,  Column 2: The creditor to whom you owe the debt
				Check all schedules that apply:
3.1	ANTONIO NIN			✓ Schedule D. line 2.1 – 2.2
	8392 BISMARK SAP	HIRE ST		Schedule E/F, line
	Number Street LAS VEGAS	NV	89139	☐ Schedule G, line
	City	State	ZIP Co	ie e
3.2	N			Schedule D, line
	Name			☐ Schedule E/F, line
	Number Street			Schedule G, line
<b></b>	City	State	ZIP Co	de
3.3				Schedule D, line
	Name			☐ Schedule E/F, line
	Number Street			☐ Schedule G, line
	City	State	ŽIP Čo	de

page 1 of <u></u>

Fill in Alice in farming the state of the st	• · · · · · · · · · · · · · · · · · · ·				
Fill in this information to identi	fy your case:				
Debtor 1 MAGDELINE D	. HERNANDEZ-CARRI	LLO Last Name		-	
Debtor 2		Last Name		_	
(Spouse, if filing) First Name	Middle Name	Last Name			
United States Bankruptcy Court for the	e: DISTRICT OF NEVADA			Objects if	Maria da la
Case number (If known)				Check if	tnis is: mended filing
				☐ A sup	oplement showing postpetition chapter 13
Official Forms 4001				incon	ne as of the following date:
Official Form 106l				<b>MM</b> /	DD / YYYY
Schedule I: Yo	ur Income				12/15
If you are separated and your sp	ouse is not filing with you, he top of any additional pa	do not include inf	format	ion about your sp	you, include information about your spouse. ouse. If more space is needed, attach a known). Answer every question.
<ol> <li>Fill in your employment information.</li> </ol>		Debtor 1			Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☑ Employed ☐ Not employ	/ed		☐ Employed ☐ Not employed
Include part-time, seasonal, or self-employed work.	Occupation	COOK			
Occupation may include studer or homemaker, if it applies.	nt Occupation				
	Employer's name	CEASARS F	PALAC	CE	_
	Employer's address	ONE HARRA Number Street	AH'S	COURT	Number Street
		LAS VEGAS		NV 89156	
	Have long amplayed the	City	State	e ZIP Code	City State ZIP Code
	How long employed the	ere? 12 Y	-		<u>12 Y</u>
Part 2: Give Details Abo	ut Monthly Income				
Estimate monthly income as spouse unless you are separated if you or your non-filing spouse below. If you need more space	ed. have more than one employ	er, combine the inf	•		write \$0 in the space. Include your non-filing for that person on the lines
				For Debtor 1	For Debtor 2 or non-filing spouse
List monthly gross wages, s deductions). If not paid month			<b>2</b> .	\$_3,498.77	\$
3. Estimate and list monthly of	vertime pay.		3.	+\$0.00	+ \$
4. Calculate gross income. Add	d line 2 + line 3.		4.	\$_3,498.77	\$

Official Form 106I

Case number (if known)\_

Debtor 1 MAGDELINE D. HERNANDEZ-CARRILLO
First Name Middle Name Last Name

			Foi	Debtor 1		otor 2 or ng spouse		
	Copy line 4 here	<b>→</b> 4.	\$_	2,837.22	\$			
5.	List all payroll deductions:							
	5a. Tax, Medicare, and Social Security deductions	5a.	\$	513.59	\$			
		5b.	 \$	0.00				
	5b. Mandatory contributions for retirement plans	5c.	\$ \$	0.00				
	5c. Voluntary contributions for retirement plans		⊸ \$	0.00		······		
	5d. Required repayments of retirement fund loans	5d.	-	0.00				
	5e. Insurance	5e.	\$_	0.00				
	5f. Domestic support obligations	5f.	\$_					
	5g. Union dues	5g.	\$	50.50	\$	<del></del>		
	5h. Other deductions. Specify: GARNISHMENT	5h.	+ \$	400.84	+ \$			
6.	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$	964.93	\$			
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	1,872.29	\$			
8.	List all other income regularly received:							
	8a. Net income from rental property and from operating a business, profession, or farm							
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total		œ	0.00	<b>c</b>			
	monthly net income.	8a.	ъ		<b>ə</b>			
	8b. Interest and dividends	<b>8</b> b.	\$_	0.00	\$	····		
	8c. Family support payments that you, a non-filing spouse, or a depende regularly receive	ent						
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$			
	8d. Unemployment compensation	8d.	\$	0.00	\$			
	8e. Social Security	<b>8e</b> .	\$	0.00	\$			
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		\$	0.00	\$			
	Specify:	8f.	Ψ		Ψ			
	8g. Pension or retirement income	8g.	\$	0.00	\$			
	8h. Other monthly income. Specify:	<b>8</b> h.	+\$_	0.00	<u>+\$</u>			
9.	<b>Add all other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_	0.00	\$		<b></b>	
10.	Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	. \$	1,872.29		1,872.29	<b>=</b> \$_	1,872.29
11.	State all other regular contributions to the expenses that you list in Scheel Include contributions from an unmarried partner, members of your household, the friends or relatives.			ents, your room	imates, and	d other		
	Do not include any amounts already included in lines 2-10 or amounts that are	not a	vailable	e to pay expens	es listed in	Schedule J.		
	Specify:					11.	+ \$_	0.00
	Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S				•	e. 12.	\$_	1,872.29
13	Do you expect an increase or decrease within the year after you file this	form?	?					mbined nthly income
	Yes. Explain:			· · · · · · · · · · · · · · · · · · ·				

		<u>-</u>			
Fill in this information to identify your case:					
Debtor 1 MAGDELINE D. HERNANDE		Check if the	nis is:		
First Name Middle Name Debtor 2	Last Name	An am		lina	
(Spouse, if filing) First Name Middle Name	Last Name	☐ A supp	lement	showing postr	petition chapter 13
United States Bankruptcy Court for the: DISTRICT O	F NEVADA	expens	ses as o	f the following	date:
Case number(If known)		MM / D	D / YYYY		
Official Form 106J					
Schedule J: Your Ex	penses				12/15
Be as complete and accurate as possible. If tw information. If more space is needed, attach ar (if known). Answer every question.	o married people are filir nother sheet to this form	ng together, both are equally . On the top of any additional	respons pages, v	ible for supplyi	ng correct e and case number
Part 1: Describe Your Household					
Is this a joint case?					
<ul><li>✓ No. Go to line 2.</li><li>☐ Yes. Does Debtor 2 live in a separate hou</li></ul>	usehold?				
☐ No☐ Yes. Debtor 2 must file Official For	m 106J-2, Expenses for S	eparate Household of Debtor 2			
2. Do you have dependents?		Dependent's relationship to		Dependent's	Does dependent live
	ill out this information for dependent	Debtor 1 or Debtor 2		age	with you?
Do not state the dependents' names.		DAUGHTER		11	☐ No ☑ Yes
		GRANDSON		15	□ No ☑ Yes
		GRANDSON		11	☐ No ☑ Yes
		GRANDSON		6M	□ No ☑ Yes
					□ No
					☐ Yes
3. Do your expenses include expenses of people other than yourself and your dependents?					
Part 2: Estimate Your Ongoing Monthl	y Expenses				
Estimate your expenses as of your bankruptcy expenses as of a date after the bankruptcy is fapplicable date.				· ·	·
Include expenses paid for with non-cash gove such assistance and have included it on Sche	•			Your expe	nses
<ol> <li>The rental or home ownership expenses fo any rent for the ground or lot.</li> </ol>	r your residence. Include	first mortgage payments and	4.	\$	1,175.00
If not included in line 4:					
4a. Real estate taxes			4a.	\$	0.00
4ь. Property, homeowner's, or renter's insur	ance		4b.	\$	0.00
4c. Home maintenance, repair, and upkeep	expenses		4c.	\$	0.00
4d Homeowner's association or condominiu	ım dues		44	<b>c</b>	0.00

MAGDELINE D. HERNANDEZ-CARRILLO
First Name Middle Name Last Name Debtor 1

Case number (if known)\_\_\_

4. Utilities:  5. Additional mortgage payments for your residence, such as home equity loans  6. Utilities:  5. a. Electricity, heat, natural gas  6. Water, sewer, garbage collection  6. Water, sewer, garbage collection  6. Telephone, cell phone, internet, satellite, and cable services  6. S. 156  6. Other. Specify.  7. Food and housekeeping supplies  7. S. 500  8. Childcare and children's education costs  8. S	
6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, internet, satellite, and cable services 6c. Telephone, cell phone, internet, satellite, and cable services 6d. Other, Specify. 6d. S. 156 6d. S. 156 6d. Other, Specify. 6d. S. 156 6d	.00
6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, internet, satellite, and cable services 6c. Telephone, cell phone, internet, satellite, and cable services 6d. Other, Specify. 6d. S. 156 6d. S. 156 6d. Other, Specify. 6d. S. 156 6d	
8b   Water, sewer, garbage collection   8b   \$ 8   86   8c   Telephone, cell phone, internet, satellite, and cable services   6c   \$ 156   8d   \$   156   \$   156   8d   \$   156   8d	.00
6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify.	.00
6d Other Specify: 6d S 500  7. Food and housekeeping supplies 7 S 500  8. Childcare and children's education costs 8 S 500  9. Childcare and children's education costs 9 S 100  10. Personal care products and services 10 S 500  11. Medical and dental expenses 11. S 500  12. Transportation. Include gas, maintenance, bus or train fare Do not include car payments. 12 S 100  13. Entertainment, clubs, recreation, newspapers, magazines, and books 13 S 500  14. Charitable contributions and religious donations 14. S 600  15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a Life insurance 15b S 600  15b Health insurance 15c S 600  15c Vehicle insurance 15c S 600  15d Other insurance Specify 15d Other insurance Specify 15d S 600  15d Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify 15d Other insurance 15d S 600  15d Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify 15d S 600  15d Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify 15d S 600  15d Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify 15d S 600  15d Car payments for Vehicle 1 17a S 600  15d S 700  15d Other specify 17c S 600  15d Other specify 15d Other specify 15d S 600  15d Other specify 15d Other specify 15d S 600  15d Other specify 15d Other specify 15d S 600  15d Other specify 15d Other specify 15d S 600  15d Other specify 15d Other specify 15d S 600  15d Other specify 15d Other specify 15d S 600  15d Other specify 15d Other specify 15d S 600  15d Other specify 15d Other specify 15d S 600  15d Other specify 15d Other specify 15d S 600  15d Other specify 15d Other specify 15d S 600  15d Other specify 15d Other specify 15d S 600  15d Other specify 15d Other specify 15d S 600  15d Other specify 15d Other specify 15d S 600  15d Other specify 15d Other specify 15d S 600  15d Other specify 15d Other specify 15d S 600  15d Other specify 15d Other specify 15d S 600  15d	.00
Food and housekeeping supplies	.00
8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. \$ 100 10. Personal care products and services 11. Medical and dental expenses 11. \$ 100 11. Medical and dental expenses 11. \$ 100 12. Transportation. Include gas, maintenance, bus or train fare. 12. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 100 14. Charitable contributions and religious donations 14. \$ 100 15. Insurance. 16. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify. 15d. Other insurance. Specify: 15d. Car payments for Vehicle 1 17a. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Vour payments of allimony, maintenance, and support that you did not report as deducted from your pay or line is Schedule / Your league (Official Form 198).	.00
Scheduling, laundry, and dry cleaning  Personal care products and services  10. S	.00
10. Personal care products and services  11. Medical and dental expenses  11. S  12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.  12. Intertainment, clubs, recreation, newspapers, magazines, and books  13. S  14. Charitable contributions and religious donations  15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15d. Other insurance. Specify:  15d. Other insurance. Specify:  16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  16. S  17 Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17c. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay or lines. See See See See See See See See See Se	.00
11. Medical and dental expenses  12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.  12. Entertainment, clubs, recreation, newspapers, magazines, and books  13. \$  14. \$  15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15c. Vehicle insurance  15d. \$  15d. \$  15d. \$  15d. \$  16. \$  17axes. Do not include taxes deducted from your pay or included in lines 4 or 20.  15pecify:  16 \$  17 Installment or lease payments:  17a. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify:  17d. Sp	.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.  12. Entertainment, clubs, recreation, newspapers, magazines, and books  13. \$  14. Charitable contributions and religious donations  15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15c. Vehicle insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: 17 Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Specify: 17d. Other. Specify: 17d. Speci	.00
Do not include car payments.  12	
14. Charitable contributions and religious donations  15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15c. Vehicle insurance  15d. S	.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: 16 \$  17 Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5. Schedule 1. Your payment form 10th)	.00
Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15c. Vehicle insurance  15d. Other insurance. Specify:  15d. S  16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  16. S  17a. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17c. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. S  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5. Schedule 1. Your lease payment (Official Form 106))	.00
15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d.	
15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: 15d. Other insurance. Specify: 15d. S  16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: 16. S  17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. S  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5. Schedule 1. Your Income (Official Form 106))	.00
15c. Vehicle insurance 15c. \$ 210 15d. Other insurance. Specify: 15d. \$	.00
15d. Other insurance. Specify:	.00
Specify:	.00
Specify:	
17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17c. Other. Specify:  17d. Other. Specify:  17d. S  18. Your payments of alimony, maintenance, and support that you did not report as deducted from Your pay on line 5. Schedule 1. Your Income (Official Form 100)	.00
17b. Car payments for Vehicle 2  17c. Other. Specify:  17d. Other. Specify:  17d. S  18. Your payments of alimony, maintenance, and support that you did not report as deducted from Your pay on line 5. Schedule I. Your Income (Official Form 106)	
17c. Other. Specify:	.00
17d. Other. Specify: 17d. \$	.00
17d. Other. Specify:	.00
Vour nay on line 5. Schedule I. Vour Income (Official Form 1051)	.00
	.00
19. Other payments you make to support others who do not live with you.	
· · · · · · · · · · · · · · · · · · ·	.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	.00
20b. Real estate taxes 20b. \$	.00
	.00
	.00
20e. Homeowner's association or condominium dues	.00

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Debtor 1	MAGDELINE D. HERNANDEZ-CARRILLO First Name Middle Name Last Name	Case number (if known)	
21. <b>Oth</b>	ner. Specify:	21.	+\$0.00
22. <b>Cal</b>	culate your monthly expenses.		
22a	. Add lines 4 through 21.	<b>22a</b> .	\$2,690.00
22b	. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	<b>22b</b> .	\$0.00
220	. Add line 22a and 22b. The result is your monthly expenses.	<b>22c</b> .	\$2,690.00
23. <b>Calc</b>	ulate your monthly net income.		s 1,872.29
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$
23b.	Copy your monthly expenses from line 22c above.	23b.	<b>-</b> \$2,690.00
23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	<b>23c</b> .	\$817.71
24. <b>Do</b> y	you expect an increase or decrease in your expenses within the year after you f	file this form?	
	example, do you expect to finish paying for your car loan within the year or do you ex Igage payment to increase or decrease because of a modification to the terms of you	• •	
	No.		
<b>2</b>	decrease as well,		
	my daughter help me paying the electric and gas us with food expenses.	bill and also she us	e ner rood stamp to help

Fill in this information to identify your case:			
MACDELINE D. HEDNANDEZ C	ARRILLO		
First Name Middle Name	Last Name		
Debtor 2 (Spouse, if filing) First Name Middle Name	Last Name		
United States Bankruptcy Court for the: DISTRICT OF NEV	ADA		
Case number (If known)			☐ Check if this is a
			amended filing
Official Form 106Dec			
<b>Declaration About an</b>	Individua	Debtor's Schedules	12/15
If two married people are filing together, both are	equally responsible fo	r supplying correct information.	
obtaining money or property by fraud in connectic years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3:  Sign Below  Did you pay or agree to pay someone who is N	on with a bankruptcy of 571.	nded schedules. Making a false statement, concea case can result in fines up to \$250,000, or imprison	iment for up to 20
☑ Yes. Name of person AMY MILLER		Attach <i>Bankruptcy Petition Preparer's Notice, Declard</i> Signature (Official Form 119).	ation, and
Under penalty of perjury, I declare that I have rethat they are true and correct.	read the summary and	schedules filed with this declaration and	
Signature of Debter	Signature of [	Debtor 2	
Date MM / DD / YYYY	Date	O / YYYY	

	First Name	D. HERNANDEZ C		]		
ebtor 2	First Name	Middle Name	Last Name			
pouse, if filing	-	Middle Name	Last Name			
nited States	Bankruptcy Court for t	the: DISTRICT OF NEV	ADA			
ase number f known)						Check if this is a
· · · · · · · · · · · · · · · · · · ·						amended filing
fficial	Form 107					
		ancial Affai	rs for Indiv	iduals Filing for	<sup>r</sup> Bankruptcy	7 04/
ormation. mber (if kı	If more space is n nown). Answer eve	eeded, attach a separa	ate sheet to this for	g together, both are equally rom. On the top of any addition		
			Tus and where t	- Lived Balone		
	your current marita	al status?				
☐ Marr  ☑ Not r						
☑ No	- -	ve you lived anywhere	_			
	•	s you lived in the last 3 y		·		Dates Dobtor 2
	List all of the places	s you lived in the last 3 y	years. Do not include  Dates Debtor 1  lived there	e where you live now.  Debtor 2:		Dates Debtor 2 lived there
	•	s you lived in the last 3 y	Dates Debtor 1	·		lived there
De	btor 1:	s you lived in the last 3 y	Dates Debtor 1	Debtor 2:		lived there
De	•	s you lived in the last 3 y	Dates Debtor 1 lived there	Debtor 2:		lived there  Same as Debtor
De	btor 1:	s you lived in the last 3 y	Dates Debtor 1 lived there	Debtor 2:	State ZIP Code	lived there  Same as Debtor  From
De No	btor 1:		Dates Debtor 1 lived there	Debtor 2:  Same as Debtor 1  Number Street	State ZIP Code	Ived there  Same as Debtor  From  To
No.	btor 1:		Dates Debtor 1 lived there	Debtor 2:  Same as Debtor 1  Number Street  City  Same as Debtor 1	State ZIP Code	Ived there  Same as Debtor  From  To
No.	btor 1:		Dates Debtor 1 lived there  From To	Debtor 2:  Same as Debtor 1  Number Street	State ZIP Code	Ived there  Same as Debtor  From  To  Same as Debtor
No.	btor 1:		Prom	Debtor 2:  Same as Debtor 1  Number Street  City  Same as Debtor 1	State ZIP Code	Ived there  Same as Debtor  From  To  Same as Debtor
No.	umber Street  ty		Prom	Debtor 2:  Same as Debtor 1  Number Street  City  Same as Debtor 1	State ZIP Code	Iived there  Same as Debtor  From  To  Same as Debtor
Nu Ciri	umber Street  ty	State ZIP Code	Prom From To To To	Debtor 2:  Same as Debtor 1  Number Street  City  Same as Debtor 1  Number Street	State ZIP Code	Iived there  Same as Debtor  From To  Same as Debtor  From To  To  To
Nu Cif	btor 1:  umber Street  ty  ty  ty  he last 8 years, did	State ZIP Code  State ZIP Code	Pouse or legal equi	Debtor 2:  Same as Debtor 1  Number Street  City  Same as Debtor 1  Number Street	State ZIP Code	Same as Debtor  From To  Same as Debtor  From To  Community property

Debtor	1 MAGDELINE D. HERNANDEZ First Name Middle Name Last N		Case nur	nber (if known)	
Fi If	id you have any income from employmen ill in the total amount of income you received you are filing a joint case and you have inco No Yes. Fill in the details.	I from all jobs and all busir	nesses, including part-tin	ne activities.	ndar years?
		Debtor 1		Celitor 2	
		Sources of income Check all that apply	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy:	<ul><li>✓ Wages, commissions, bonuses, tips</li><li>✓ Operating a business</li></ul>	\$29,790.91	Wages, commissions. bonuses, tips Operating a business	\$
	For last calendar year: (January 1 to December 31, 2018	<ul><li>✓ Wages, commissions, bonuses, tips</li><li>✓ Operating a business</li></ul>	\$38,990.47	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
	For the calendar year before that:  (January 1 to December 31, 2017  YYYY	<ul><li>✓ Wages, commissions, bonuses, tips</li><li>✓ Operating a business</li></ul>	\$26,033.20	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
lr u g L	Did you receive any other income during the notation income regardless of whether that income properties and other public benefit payment, and other public benefit payment ambling and lottery winnings. If you are filing ist each source and the gross income from each content in the prosecution is the source and the gross income from each content in the prosecution is the prosecution in the prosecution in the prosecution is the prosecution in the p	ome is taxable. Examples nents; pensions; rental inco g a joint case and you have	of other income are alinome; interest; dividends; e income that you receiv	money collected from laws ed together, list it only once	suits; royalties; and
_	<ul><li>✓ No</li><li>✓ Yes. Fill in the details.</li></ul>				
		Delitor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy:		\$ \$		- \$ - \$
			\$		- \$
	For last calendar year		\$		- <b>S</b>

(January 1 to December 31, 2018)

For the calendar year before that: (January 1 to December 31,2017)

Debtor 1

## MAGDELINE D. HERNANDEZ CARRILLO First Name Middle Name Last Name

Case number	(if known)_		
-------------	-------------	--	--

$\overline{a}$

List Certain Payments You Made Before You Filed for Bankruptcy

						e defined in 11 U.S.C. § 101	(8) as
	"incurred by an individual of the 90 days be				ousehold purpose. ay any creditor a total of	\$6, <b>825</b> * or more?	
	□ No. Go to line 7.			,,,, -	,,		
		ach credito	r to whom you	naid a total of	\$6 <b>825</b> * or more in one	or more payments and the	
	total amount	t you paid tl	hat creditor. Do	not include p		ipport obligations, such as	
	* Subject to adjustme	ent on 4/01/	22 and every 3	years after th	at for cases filed on or a	ifter the date of adjustment.	
Yes	. Debtor 1 or Debtor 2	2 or both h	ave primarily	consumer de	bts.		
	During the 90 days be	efore you fi	led for bankrup	tcy, did you pa	ay any creditor a total of	\$600 or more?	
	No. Go to line 7.						
					ort obligations, such as by for this bankruptcy ca Total amount paid		Was this payment for.
				payment	volation para	, <b>,</b>	μ.,
	Creditor's Name				\$	\$	☐ Mortgage
	Creditor's Name						☐ Car
	Number Street						Credit card
							Loan repayment
							Suppliers or vendor
	City	State	ZIP Code				Other
					\$	\$	☐ Mortgage
	Creditor's Name						☐ Car
							Credit card
	Number Street						
	Number Street						Loan repayment
	Number Street		<u>-</u>				☐ Suppliers or vendor
	Number Street  City	State	ZIP Code				□ Loan repayment □ Suppliers or vendor □ Other
		State	ZIP Code				☐ Suppliers or vendor
		State	ZIP Code		\$	<u> </u>	☐ Suppliers or vendor ☐ Other ☐ Mortgage
	City	State	ZIP Code		\$	\$	☐ Suppliers or vendor ☐ Other ☐ Mortgage ☐ Car
	City	State	ZIP Code		\$	\$	Suppliers or vendor Other  Mortgage Car Credit card
	City  Creditor's Name	State	ZIP Code		\$	<b>\$</b>	☐ Suppliers or vendor ☐ Other ☐ Mortgage ☐ Car

otor 1	MAGDELINE D.	HERNANDEZ CAR	RRILLO		Case number (if known)	
	First Name Middle N	ame Last Name		-		
	OBTION TO COMMENSATION TO A 12 HOURS INVESTIGATION	one specifies and the second of the second o				
Inside corpo	ers include your relative prations of which you ar	e an officer, director, per	relatives of any rson in control, o	general partners; r owner of 20% or	partnerships of whice more of their voting	ch you are a general partner; securities; and any managing
	as child support and ali		sole proprietor.	11 0.5.6. 9 101. 1	nclude payments to	r domestic support obligations,
<b>2</b> N						
<b>U</b> Y	es. List all payments to	an insider.	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
			_	\$	\$	
	Insider's Name					
	Number Street		_			
	Cu.		_			
	City	State ZIP Code				
	Ladada Nama			\$	\$	
	Insider's Name					
	Number Street					
;	City	State ZIP Code	_			
an ins	sider? de payments on debts g	juaranteed or cosigned b		,		n account of a debt that benef
			Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Ī	Insider's Name			\$	<u> </u>	
ī	Number Street					
_						
Ċ	City	State ZIP Code	-			
				\$	\$	
ī	Insider's Name			Ť	- <b>-</b>	
Ī	Number Street					
-						
7	City	State ZIP Code	-			

De	btor	1

# MAGDELINE D. HERNANDEZ CARRILLO First Name Middle Name Last Name

). HERNANDEZ CARRILLO	Case number (if known)

1 year before you filed for be such matters, including perso ontract disputes.	oankruptcy, wer onal injury cases,	e you a party in any la small claims actions, d	iwsuit, court action, or adi livorces, collection suits, pat	ministrative procedernity actions, supp	euing? oort or custody modificat
1					
s. Fill in the details.					
	Natur	e of the case	Court or agency		Status of the case
ase title			Court Name		Pending
					On appeal
	····		Number Street		Concluded
ase number			City	State ZIP Code	
					П
ase title			Court Name		- rending
			_		On appeal
	<del>-</del>		Number Street		Concluded
ase number			City	State ZIP Code	
<ul> <li>Go to line 11.</li> <li>Fill in the information below</li> </ul>	<i>I</i> .				
es. Fill in the information below		Describe the proper	rty	Date	15.054.00
			rty	Date 	Value of the property \$15,054.00
HONOR FINANCE C Creditor's Name 9019 DAVIS ST STE	ORP	VEHICLE		Date 	15.054.00
HONOR FINANCE C	ORP			Date —————	Value of the property \$15,054.00
HONOR FINANCE C Creditor's Name 9019 DAVIS ST STE	ORP	VEHICLE  Explain what happe  Property was	ened repossessed.	Date	15.054.00
HONOR FINANCE C Creditor's Name  9019 DAVIS ST STE Number Street	ORP 260	VEHICLE  Explain what happe Property was Property was	ened repossessed foreclosed.	Date	15.054.00
HONOR FINANCE C Creditor's Name  9019 DAVIS ST STE Number Street	260	VEHICLE  Explain what happe Property was Property was Property was	repossessed. foreclosed. garnished.	Date	15.054.00
HONOR FINANCE C Creditor's Name  9019 DAVIS ST STE Number Street	260 L 60201	VEHICLE  Explain what happe Property was Property was Property was	repossessed. foreclosed. garnished. attached, seized, or levied.	Date	15.054.00
HONOR FINANCE C Creditor's Name  9019 DAVIS ST STE Number Street	260 L 60201	VEHICLE  Explain what happe Property was Property was Property was Property was	repossessed. foreclosed. garnished. attached, seized, or levied.		\$ 15,054.00  Value of the proper
HONOR FINANCE C Creditor's Name  9019 DAVIS ST STE Number Street	260 L 60201	VEHICLE  Explain what happe Property was Property was Property was Property was	repossessed. foreclosed. garnished. attached, seized, or levied.		\$15,054.00
HONOR FINANCE C Creditor's Name 9019 DAVIS ST STE Number Street  EVANSTON II City St	260 L 60201	VEHICLE  Explain what happe Property was Property was Property was Property was	repossessed. foreclosed. garnished. attached, seized, or levied.		\$ 15,054.00  Value of the proper
HONOR FINANCE C Creditor's Name  9019 DAVIS ST STE Number Street  EVANSTON II City St	260 L 60201	VEHICLE  Explain what happe Property was Property was Property was Property was Describe the prope  Explain what happe	repossessed. foreclosed. garnished. attached, seized, or levied. rty		\$ 15,054.00  Value of the proper
HONOR FINANCE C Creditor's Name  9019 DAVIS ST STE Number Street  EVANSTON II City St	260 L 60201	VEHICLE  Explain what happe Property was Property was Property was Property was Describe the prope  Explain what happe	repossessed. foreclosed. garnished. attached, seized, or levied. rty		\$ 15,054.00  Value of the proper
HONOR FINANCE C Creditor's Name  9019 DAVIS ST STE Number Street  EVANSTON II City St  Creditor's Name	260 L 60201	VEHICLE  Explain what happe Property was Property was Property was Property was Describe the prope  Explain what happe	repossessed. foreclosed. garnished. attached, seized, or levied. rty  ened repossessed. foreclosed.		\$ 15,054.00  Value of the prope

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MAGDELINE D. HERNANDEZ CARRILLO

ithin 90 days before you filed for bankru	ptcy, did any creditor, including a bank or finan	cial institution, set off any am	ounts from you
counts or refuse to make a payment bed		•	-
No			
Yes. Fill in the details.			
	Describe the action the creditor took		Amount
Creditor's Name	_	was taken	
5.55.00 5.7 <u>5</u> 5			
Number Street	-	\$	
	-		
City State ZIP Code	Last 4 digits of account number: XXXX		
•		<del></del>	
thin 1 year before you filed for bankrupt	tcy, was any of your property in the possession	of an assignee for the benefit	of
editors, a court-appointed receiver, a cu			
No			
Yes			
5: List Certain Gifts and Contribu	utions		
	otcy, did you give any gifts with a total value of r	nore than \$600 per person?	
No	otcy, did you give any gifts with a total value of r	nore than \$600 per person?	
	otcy, did you give any gifts with a total value of r	nore than \$600 per person?	
No	otcy, did you give any gifts with a total value of r	nore than \$600 per person?	
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600	otcy, did you give any gifts with a total value of r	Dates you gave	Value
No Yes. Fill in the details for each gift.			Value
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600		Dates you gave	Value
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600		Dates you gave	Value \$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person		Dates you gave	
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person		Dates you gave	
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift		Dates you gave	\$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person		Dates you gave	\$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street		Dates you gave	\$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift		Dates you gave	\$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street		Dates you gave	\$
Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code		Dates you gave	\$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600		Dates you gave	\$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you	Describe the gifts	Dates you gave the gifts	\$\$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600	Describe the gifts	Dates you gave the gifts	\$\$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600	Describe the gifts	Dates you gave the gifts	\$\$
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	\$\$ Value
Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	\$\$ Value
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	\$Value
No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	\$Value

or 1 MAGDELINE D. HERNANDE	Z CARRILLO Case number (if known)		
Vithin 2 years before you filed for bankru	ıptcy, did you give any gifts or contributions with a total va	lue of more than \$6	00 to any charity?
<b>☑</b> No			
Yes. Fill in the details for each gift or co	ntribution.		
Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name	-		\$
			•
	-		\$
	_		
Number Street			
City State ZIP Code	-		
tt 6: List Certain Losses			
Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss  Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property	Date of your loss	Value of property lost
		<u> </u>	\$
Link Contain Bound A			
t 7: List Certain Payments or Tra		<del>-</del>	
you consulted about seeking bankruptcy	otcy, did you or anyone else acting on your behalf pay or tr. or preparing a bankruptcy petition? reparers, or credit counseling agencies for services required in		to anyone
	repaired, or order counseling agenties for services required in	учиг рапктирісу.	
No ✓ Yes. Fill in the details.			
Tes. Fill III the details.			
AMY MILLER Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of paymer
8565 S EASTERN AVE	for prepare the bankruptcy forms of chapter 7		
Number Street			\$200.00
STE 128			
LAS VECAS NV 90403			\$
LAS VEGAS NV 89123 City State ZIP Code			
Email or website address			
amy@taxesnmorellc.com			

	Description and value of any property	transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid				\$
Number Street				
				\$
City State ZIP Code				
Email or website address	_			
Person Who Made the Payment, if Not You				
//ithin 1 year before you filed for bankrup romised to help you deal with your credito not include any payment or transfer that you will be not include any payment or transfer that you will be not included any payment.  ② Yes. Fill in the details.	itors or to make payments to your cre			
Yes. Fill in the details.	Description and value of any property	transferred	Date payment or transfer was made	Amount of pay
Person Who Was Paid	_			_
Number Street	-			\$
City State ZIP Code	- -			\$
Vithin 2 years before you filed for bankru ransferred in the ordinary course of your clude both outright transfers and transfers on not include gifts and transfers that you had No	business or financial affairs? made as security (such as the granting			an property
Vithin 2 years before you filed for bankru ransferred in the ordinary course of your notude both outright transfers and transfers to not include gifts and transfers that you ha	business or financial affairs? made as security (such as the granting		nortgage on your pro	an property
Vithin 2 years before you filed for bankru ransferred in the ordinary course of your clude both outright transfers and transfers on not include gifts and transfers that you had No	business or financial affairs? made as security (such as the granting ave already listed on this statement.  Description and value of property	of a security interest or r  Describe any property	nortgage on your pro	an property operty).  Date transi
Aithin 2 years before you filed for bankru ransferred in the ordinary course of your include both outright transfers and transfers or not include gifts and transfers that you have the you have the you have the you have the your process. Fill in the details.	business or financial affairs? made as security (such as the granting ave already listed on this statement.  Description and value of property	of a security interest or r  Describe any property	nortgage on your pro	an property operty).  d Date trans
Aithin 2 years before you filed for bankruransferred in the ordinary course of your include both outright transfers and transfers that you have not include gifts and transfers that you have a Yes. Fill in the details.  Person Who Received Transfer	business or financial affairs? made as security (such as the granting ave already listed on this statement.  Description and value of property	of a security interest or r  Describe any property	nortgage on your pro	an property operty).  d Date trans
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ithin 2 years before you filed for bankru ansferred in the ordinary course of your clude both outright transfers and transfers or not include gifts and transfers that you had No.  Yes. Fill in the details.  Person Who Received Transfer  Number Street  City State ZIP Code  Person's relationship to you  Person Who Received Transfer	business or financial affairs? made as security (such as the granting ave already listed on this statement.  Description and value of property transferred	of a security interest or r  Describe any property	nortgage on your pro	an property operty).

Case number (if known)\_\_\_

MAGDELINE D. HERNANDEZ CARRILLO

Debtor 1

Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)    Value   No   Yes. Fill in the details.    Description and value of the property transferred   Date transfer was made		FIRST Name Middle	e Name	Last Nan	ne			
Description and value of the property transferred   Date transfer was made						ty to a self-settled trus	st or similar device of w	vhich you
Description and value of the property transferred   Date transferwas made	Ø	No						
Name of trust    Name of trust	u	Yes. Fill in the details.						
Art 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  0. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  In No  Last 4 digits of account number  Type of account or instrument  Checking  Savings  Money market  Brokerage  City  State  ZIP Code  Number Street  Money market  Brokerage  Checking  Savings					Description and value of the prope	erty transferred		
0. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  ✓ No  □ Yes. Fill in the details.  Last 4 digits of account number Type of account or instrument Closed, sold, moved, or transferred  Name of Financial Institution XXXX □ Checking Savings □ Money market □ Brokerage □ Other  Number Street □ Money market □ Brokerage □ Other  Number Street □ Brokerage □ Other		Name of trust						<del></del>
0. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  ✓ No  □ Yes. Fill in the details.  Last 4 digits of account number Type of account or instrument Closed, sold, moved, or transferred  Name of Financial Institution XXXX □ Checking Savings □ Money market □ Brokerage □ Other  Number Street □ Money market □ Brokerage □ Other  Number Street □ Brokerage □ Other								
0. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  ✓ No  □ Yes. Fill in the details.  Last 4 digits of account number Type of account or instrument Closed, sold, moved, or transferred  Name of Financial Institution XXXX □ Checking Savings □ Money market □ Brokerage □ Other  Number Street □ Money market □ Brokerage □ Other  Number Street □ Brokerage □ Other	na silan ili ili ili ili ili ili ili ili ili il	on State and the Common and the Comm		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
0. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  ✓ No  □ Yes. Fill in the details.  Last 4 digits of account number Type of account or instrument Closed, sold, moved, or transferred  Name of Financial Institution XXXX □ Checking Savings □ Money market □ Brokerage □ Other  Number Street □ Money market □ Brokerage □ Other  Number Street □ Brokerage □ Other	art 8	List Certain Fina	ancial A	ccounts,	instruments, Safe Deposit	Boxes, and Storag	e Units	
Last 4 digits of account number  Type of account or instrument  Type of account or closed, sold, moved, or transferred  XXXX	cio: inci bro	sed, sold, moved, or t ude checking, saving kerage houses, pensi No	ransferre s, money on funds	d? / market, o	r other financial accounts; cert	ificates of deposit; sha	-	
Name of Financial Institution  XXXX	_	res. I m in the details	· <del>-</del>					
Number Street    Checking   Savings   Money market   Brokerage   Other    City   State   ZIP Code   ZIP Code   ZIP Code   Savings					Last 4 digits of account number		closed, sold, moved,	Last balance befor closing or transfer
Number Street    Checking   Savings   Money market   Brokerage   Other    City   State   ZIP Code   ZIP Code   ZIP Code   Savings		Name of Financial Institution	on			_		
Money market   Brokerage   Other		Walle of Financial Monde.			XXXX	Checking		\$
City State ZIP Code Other  Name of Financial Institution Savings  Number Street Money market  Brokerage  Other  Money market  Brokerage  Other		Number Street				☐ Savings		
City State ZIP Code Other						Money market		
Name of Financial Institution    Savings   Money market   Brokerage   Other						☐ Brokerage		
Name of Financial Institution  Savings  Number Street  Brokerage  Other		City	State ZII	P Code		Other		
Number Street  Money market  Brokerage  Other		Name of Financial Institution	on		xxxx	•		\$
						· ·		
Other		Number Street						
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City State ZIP Code						Other		
		City	State ZII	P Code				
			valuable	157				
securities, cash, or other valuables?								
☑ No	_	ros. r in in the actains	•		Who else had access to it?	Describe th	e contente	Do you still
☑ No ☐ Yes. Fill in the details.					Will else had access to it:	Describe tri	e contents	have it?
☑ No ☐ Yes. Fill in the details.  Who else had access to it?  Describe the contents  Do you stil								□ No
✓ No ☐ Yes. Fill in the details.  Who else had access to it?  Describe the contents  Do you still have it?		Name of Financial Institution	on		Name			Yes
✓ No ☐ Yes. Fill in the details.  Who else had access to it?  Describe the contents  Do you still have it?  No		Number Street			Number Street			
✓ No  ✓ Yes. Fill in the details.  Who else had access to it?  Describe the contents  No  Name of Financial Institution  Name								
No   Yes. Fill in the details.  Who else had access to it?  Describe the contents  Do you stil have it?  No   No   Name of Financial Institution   Name   Number   Street   Nu		City	State 31		City State ZIP Code			
No   Yes. Fill in the details.    Who else had access to it?   Describe the contents   Do you so have it?		ony	orace ZIF	- coae				

btor 1	MAGDELINE D				e number (if known)	
	First Name Middle	e Name Last	Name		· · · · · · · · · · · · · · · · · · ·	
						_
Have y		in a storage unit	or place other than your home	within 1 year	before you filed for bankrupt	cy?
	s. Fill in the details.					
	s. I m m the details.		Who else has or had access to	it?	Describe the contents	Do you sti
						have it?
						□ No
	Name of Storage Facility		Name			☐ Yes
						- res
	Number Street		Number Street			
	,		City State ZIP Code			
	City	State ZIP Code				
art 9:	Identify Prop	erty You Hold	or Control for Someone El	<b>50</b>		
Da						
-	ou hold or control ar old in trust for some		omeone else owns? Include a	ny property yo	ou borrowed from, are storing	j tor,
or no		one.				
	es. Fill in the details	•				
	oo. I iii iii tile dotallo	•	Where is the property?		Describe the property	Value
			vincia to the property.		beautibe the property	¥ alue
						e e
	Owner's Name					Ψ
			Number Street			Ψ
	Owner's Name  Number Street		Number Street			*
			Number Street			*
	Number Street	State ZIP Code	Number Street  City State	ZIP Code		*
	Number Street		City State	ZIP Code		•
	Number Street			ZIP Code		•
art 10	Number Street	About Environm	City State	ZIP Code		•
art 10	Number Street  City  Give Details Appurpose of Part 10, t	About Environment	City State  nental information  nitions apply:		pollution, contamination, rela	eases of
ert 10 or the   Envir	City  Give Details Appurpose of Part 10, to the commental law means redous or toxic substitutions.	About Environmented for the following defines any federal, statements, or the following definition of the followin	nental Information  nitions apply: te, or local statute or regulation reports and some content of the content o	on concerning	er, groundwater, or other me	eases of dium,
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or the Environment of the Inclusion of t	Give Details of the purpose of Part 10, the purpose of Part 10, the purpose of th	About Environment the following defines any federal, statements, wastes, or ulations controlling facility, or proper	nental Information  nitions apply: te, or local statute or regulation rematerial into the air, land, so not the cleanup of these substatty as defined under any environments.	on concerning il, surface wat ances, wastes,	er, groundwater, or other me , or material.	dium,
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er the Environment of the Inclusion of t	City  Give Details A  purpose of Part 10, to the commental law means and location, to the commental statutes or regulation and the commental comments and location, to the comments and location, to the comments and location, the comments and location and an	the following defined any federal, state tances, wastes, or ulations controlling facility, or proper operate, or utilizens anything an en	nental Information  nitions apply: te, or local statute or regulation material into the air, land, so not the cleanup of these substantly as defined under any environmental law defines as a levironmental law defines a levironmental law defines a levironmental law defines a levir	on concerning il, surface wat ances, wastes, onmental law,	er, groundwater, or other me , or material. whether you now own, opera	dium, te, or
er the Environment of the Inclusion of t	City  Give Details A  purpose of Part 10, to the commental law means and location, to the commental statutes or regulation and the commental comments and location, to the comments and location, to the comments and location, the comments and location and an	the following defined any federal, state tances, wastes, or ulations controlling facility, or proper operate, or utilizens anything an en	nental Information  nitions apply: te, or local statute or regulation material into the air, land, soing the cleanup of these substated as defined under any environit, including disposal sites.	on concerning il, surface wat ances, wastes, onmental law,	er, groundwater, or other me , or material. whether you now own, opera	dium, te, or
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or the Environment of the Inclusion of t	Give Details and purpose of Part 10, to purpo	About Environmente following defines any federal, statements, wastes, or ulations controlling facility, or proper operate, or utilizens anything an enaterial, pollutant, and proceedings	nental Information  nitions apply: te, or local statute or regulation material into the air, land, so ing the cleanup of these substanty as defined under any envirous it, including disposal sites.  Evironmental law defines as a licontaminant, or similar term.  Ethat you know about, regardle at you may be liable or potenti	on concerning il, surface wat ances, wastes, onmental law, hazardous was ess of when th ally liable und	er, groundwater, or other med, or material.  whether you now own, operaste, hazardous substance, too ney occurred.  er or in violation of an environ	dium, ite, or cic nmental law?

			Case number (#	known)	
Middle Name	Last P	aame			
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any governin	eritai uriit Oi	any release of mazardous me	action.		
details.		Causan mantal unit	Environmental law	if you know it	Date of notic
		Governmental unit	Chynoliniental law,	ir you know it	Duto of motio
		Governmental unit			
		Number Street			
		City State ZIP Cod	le .		
State	ZIP Code				
arty in any ju	idicial or ad	ministrative proceeding unde	r any environmental lav	? Include settlement	s and orders.
details.					
		Court or agency	Nature of the	ase	Status of the
		Court Name			Pendin
					On app
		Number Street			Conclu
			ID Code		
		City State 2	ir Code		
prietor or self of a limited l	f-employed iability com	in a trade, profession, or othe	er activity, either full-tim		any business?
-	-	ecutive of a corporation			
			rporation		
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			husiness		
mar appry a	Jord Wild III			Employer Identification	number
			<del></del>	• •	
				EIN:	
		Name of accountant or bookl	keeper	Dates business existed	l
				From To	
State	ZIP Code				
		Describe the nature of the bu	siness	Employer Identification	
				Do not include Social S	
					number Security number or ITM
				EIN:	Security number or ITM
		. Name of accountant or book	keeper	EIN:	Security number or ITI
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	State arty in any ju details.  otalis About fore you filed prietor or sel- of a limited I n a partnersh director, or n of at least 5% ne above app that apply a	State ZIP Code arty in any judicial or ad details.  State Sip Code arty in any judicial or ad details.  State Sip Code arty in any judicial or ad details.	details.  Governmental unit  Governmental unit  Number Street  City State ZIP Code  arty in any judicial or administrative proceeding under  details.  Court or agency  Court Name  Number Street  City State Z ZIP Code  Court Name  Number Street  City State Z  State ZiP Code  A Court Name  Number Street  City State Z  State ZiP Code  A Court Name  Number Street  City State Z  State ZiP Code  A Court Name  Number Street  City State Z  State ZiP Code  A Court Name  Number Street  City State Z  State ZiP Code  A Court Name  Number Street  City State ZiP Code  A Court Name  Number Street  City State ZiP Code  A Court Name  Number Street  City State ZiP Code  A Court Name  Number Street  City State ZiP Code  A Court Name  Number Street  City State ZiP Code  A Court Name  Number Street  City State ZiP Code  A Court Name  Number Street  City State ZiP Code  A Court Name  Number Street  City State ZiP Code  A Court Name  Number Street  City State ZiP Code  A Court Name  Number Street  City State ZiP Code  A Court Name  Number Street  City State ZiP Code  A Court Name  Number Street  City State ZiP Code  A Court Name  Number Street  City State ZiP Code  A Court Name  Number Street  City State ZiP Code	Any governmental unit of any release of hazardous material?  details.  Governmental unit  Governmental unit  Number Street  City State ZIP Code  arty in any judicial or administrative proceeding under any environmental law details.  Court or agency Nature of the country Street  City State ZIP Code  Tourt Name  Number Street  City State ZIP Code  State ZIP Code  Tourt Name  Number Street  City State ZIP Code  Tourt Name  Number Street  City State ZIP Code  Tourt Name  Number Street  Total Street  Total State ZIP Code  Tourt Name  Number Street  Total State ZIP Code  Tourt Name  Name of accountant or bookkeeper	any governmental unit of any release of hazardous material?    Governmental unit

## Case 19-16801-mkn Doc 1 Entered 10/21/19 15:06:13 Page 57 of 65

	Name	
	Describe the nature of the business	Employer Identification number  Do not include Social Security number or ITI
Business Name		EIN:
Number Street	Name of accountant or bookkeeper	Dates business existed
City State ZiP Code		From To
hin 2 years before you filed for bankru Litutions, creditors, or other parties.	otcy, did you give a financial statement to ar	yone about your business? Include all financial
No Yes. Fill in the details below.		
	Date issued	
Name	MM / DD / YYYY	
Number Street		
City State ZiP Code		
12: Sign Below		
nave read the answers on this <i>Statemer</i> swers are true and correct. I understar		and I declare under penalty of perjury that the property, or obtaining money or property by fra nent for up to 20 years, or both.
nave read the answers on this <i>Statemer</i> iswers are true and correct. I understar connection with a bankruptcy case cars U.S.C. §§ 152, 1341, 1519, and 3571.	nd that making a false statement, concealing n result in fines up to \$250,000, or imprison	property, or obtaining money or property by fra
ave read the answers on this Statemer iswers are true and correct. I understar connection with a bankruptcy case call U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor	nd that making a false statement, concealing in result in fines up to \$250,000, or imprison    Signature of Debtor 2	property, or obtaining money or property by fra ment for up to 20 years, or both.
nave read the answers on this <i>Statemer</i> nswers are true and correct. I understan connection with a bankruptcy case can B U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debto	nd that making a false statement, concealing in result in fines up to \$250,000, or imprison to \$250,000. Signature of Debtor 2	property, or obtaining money or property by fra ment for up to 20 years, or both.
ave read the answers on this Statemer swers are true and correct. I understar connection with a bankruptcy case can U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debto  Date   D   D   D    d you attach additional pages to Your S	nd that making a false statement, concealing in result in fines up to \$250,000, or imprison to \$250,000. Signature of Debtor 2	property, or obtaining money or property by fra ment for up to 20 years, or both.  See Filing for Bankruptcy (Official Form 107)?

### Official Form 108

## Statement of Intention for Individuals Filing Under Chapter 7

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

<ol> <li>For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.</li> </ol>			
Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the propert as exempt on Schedule C	
Creditor's TOWNE MORTGAGE	☐ Surrender the property.	□ No	
name: TOWNE MORTGAGE	☐ Retain the property and redeem it.	☐ Yes	
Description of SINGLE FAMILY HOME property securing debt:	Retain the property and enter into a Reaffirmation Agreement.		
cooding door.	Retain the property and [explain]: CONTINUE PAYING		
Creditor's	☐ Surrender the property.	□ No	
name: ALLY FINANCIAL	☐ Retain the property and redeem it.	☐ Yes	
Description of property Securing debt:	Retain the property and enter into a Reaffirmation Agreement.		
securing debt.	Retain the property and [explain]:		
Creditor's	☐ Surrender the property.	□ No	
name.	Retain the property and redeem it.	☐ Yes	
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.		
	Retain the property and [explain]:CO-DEBTOR WILL CONTINUE PAY		
Creditor's	☐ Surrender the property.	□ No	
name:	Retain the property and redeem it.	☐ Yes	
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.		
-	Retain the property and [explain]:		

an

12/15

Debtor 1

## MAGDELINE D. HERNANDEZ-CARRILLO

Case number	(If known)_	
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0-	ς.

#### List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name:	□ No
Description of leased	☐ Yes
property:	
Lessor's name:	□ No
Description of leased	☐ Yes
property:	and the second s
Lessor's name:	□ No
Description of leased	☐ Yes
property:	
Lessor's name:	□ No
	☐ Yes
Description of leased property:	
property.	
Lessor's name:	□ No
Description of leased	☐ Yes
property:	
Lessor's name:	□ No
Description of leased	☐ Yes
property:	
Lessor's name:	
LESSUI S Haille.	□ No
Description of leased property:	<b>—</b> 163
	and the second of the second o
t 3: Sign Below	
ladar assalts of serium. I deslare that I have indicated my intention sho	out any property of my optate that secures a debt and any
nder penalty of perjury, I declare that I have indicated my intention aboersonal property that is subject to an unexpired lease.	ut any property of my estate that secures a debt and any
1. N	
<b>X</b>	
Signature of Debto	r2
Date	vvvv

Fill in this information to identify your case:	Check one box o Form 122A-1Sup	nly as directed in this form and in p:
Debtor 1 MAGDELINE D. HERNANDEZ CARRILLO  First Name Middle Name Last Name	√ 1 There is no i	presumption of abuse.
Debtor 2 (Spouse, if filing) First Name Middle Name Last Name		ion to determine if a presumption of
United States Bankruptcy Court for the: DISTRICT OF NEVADA	abuse applie	es will be made under <i>Chapter 7 Calculation</i> (Official Form 122A–2).
Case number(If known)		Test does not apply now because of tary service but it could apply later.
	☐ Check if this	is an amended filing
Official Form 122A-1		
Chapter 7 Statement of Your Current Month	ly Income	12/15
Be as complete and accurate as possible. If two married people are filing together, both space is needed, attach a separate sheet to this form. Include the line number to which t additional pages, write your name and case number (if known). If you believe that you are do not have primarily consumer debts or because of qualifying military service, complet Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.  Part 1: Calculate Your Current Monthly Income	the additional informative exempted from a	nation applies. On the top of any presumption of abuse because you
What is your marital and filing status? Check one only.		
☐ Not married. Fill out Column A, lines 2-11.		
☐ Married and your spouse is filing with you. Fill out both Columns A and B. lines 2-1	11.	
☐ Married and your spouse is NOT filing with you. You and your spouse are:		
Living in the same household and are not legally separated. Fill out both Col	umns A and B, lines	2-11.
Living separately or are legally separated. Fill out Column A, lines 2-11; do not under penalty of perjury that you and your spouse are legally separated under not spouse are living apart for reasons that do not include evading the Means Test reasons.	onbankruptcy law tha	t applies or that you and your
Fill in the average monthly income that you received from all sources, derived durin bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15. August 31. If the amount of your monthly income varied during the 6 months, add the income fill in the result. Do not include any income amount more than once. For example, if both income from that property in one column only. If you have nothing to report for any line, w	the 6-month period one for all 6 months spouses own the sa	would be March 1 through and divide the total by 6.
	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
<ol><li>Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).</li></ol>	\$ <u>2,837.2</u> 2	\$
Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$0.00	\$
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$0.00	\$
5. Net income from operating a business, profession, Debtor 1 Debtor 2		
or farm  Gross receipts (before all deductions)  \$\$		
Ordinary and necessary operating expenses -\$		
Net monthly income from a husiness profession or farm a 0.00 Copy	s 0.00	\$
6. Net income from rental and other real property Debtor 1 Debtor 2	φ	Ψ
Gross receipts (before all deductions) \$\$  Ordinary and necessary operating expenses\$\$		
Not monthly income from contal or other real present.	\$ 0.00	¢
7. Interest, dividends, and royalties	\$0.00 \$0.00	\$ \$
	Ψ0.00	*_ <del></del>

ebtor 1	MAGDELINE D. HERNANDEZ CAR First Name Middle Name Last Name	RILLO	Case num	ber (if known)		
			Colum Debtoi		Column B Debtor 2 or non-filing spouse	
3. Unei	mployment compensation		\$	0.00	\$	
Do r unde Fe	or tenter the amount if you contend that the amour er the Social Security Act. Instead, list it here: or you	\$				
	or your spouse					
	sion or retirement income. Do not include any ar efit under the Social Security Act.	mount received that was a	\$	0.00	\$	
10. <b>Inco</b> Do r as a	ome from all other sources not listed above. Sp not include any benefits received under the Social a victim of a war crime, a crime against humanity, o prism. If necessary, list other sources on a separate	Security Act or payments receing international or domestic				
			\$	0.00	\$	
_			\$	0.00	\$	
To	tal amounts from separate pages, if any.		+ \$	0.00	+ \$	
11. <b>Cal</b> e colu	culate your total current monthly income. Add li imn. Then add the total for Column A to the total fo	ines 2 through 10 for each or Column B.	\$ <u> </u>	2,837.22	<b>\$</b>	\$ 2,837.22  Total current monthly income
Part 2	Determine Whether the Means Test A	pplies to You		·- <u>-</u> -		
12. <b>Cal</b> c	culate your current monthly income for the year					* *
12a.	Copy your total current monthly income from line	e 11		Со	py line 11 here <del>-&gt;</del>	\$ <u>2,837.22</u>
	Multiply by 12 (the number of months in a year).					x 12
12b.	The result is your annual income for this part of	the form.			12b.	\$ <u>34,046.64</u>
13. <b>Cal</b>	culate the median family income that applies to	you. Follow these steps:				
Fill	in the state in which you live.	NEVADA				
Fill	in the number of people in your household.	5			_	
To finst	in the median family income for your state and size find a list of applicable median income amounts, go tructions for this form. This list may also be availab we do the lines compare?	o online using the link specified	d in the sepa		13.	<u>\$ 81,318.00</u>
14a.	Line 12b is less than or equal to line 13. On t Go to Part 3.	he top of page 1, check box 1,	There is no	presumption	n of abuse.	
14b	Line 12b is more than line 13. On the top of p Go to Part 3 and fill out Form 122A–2.	page 1, check box 2. The presu	umption of a	buse is dete	rmined by Form 122	A-2.
Part 3	: Sign Below					
	By signing here. I declare under penalty of per	rjury that the information on thi		and in any a	attachments is true a	and correct.
	Signature of Delitor 1		Signature of	Debtor 2		
	Date 10/19/30/9 MM/DD /YYYY		Date MM /	DD / YYYY	_	
	If you checked line 14a, do NOT fill out or	file Form 122A–2.				
	If you shocked line 14h fill out Form 122A	2 and file it with this for				

## UNITED STATES BANKRUPTCY COURT

## DISTRICT OF NEVADA

In re:  MAGDELINE D.  HERNANDEZ-CARRILLO	) Bankruptcy No.: ) Chapter 7 ) VERIFICATION OF CREDITOR ) MATRIX )
Debtor(s).	) ) )
•	verifies that the attached list of creditors is true
and correct to the best of his/her knowle	euge.
Date 1011612019	
Date	Signature Signature
Date	Signature

MARK A. KIRKORKSY, P.C. 8020 W. SAHARA AVE ST E 225 LAS VEGAS, NV 89121

LAS VEGAS JUSTICE COURT 200 LEWIS AVE LAS VEGAS, NV 89101

LAS VEGAS TOWNSHIP CONSTABLE 301 E. CLARK AVE STE 100 LAS VEGAS, NV 89101

OPPORTUN 2433 E. TROPICANA AVE LAS VEGAS, NV 89121

WESTCREEK
PO BOX 5518
GLEN ALLEN, VA 23058

PROGRESSIVE 256 West Data Drive Draper, Utah 84020

KORNERSTONE 4310 Redwood Hwy # 100 San Rafael. CA 94903

SNAP FINANCIAL PO Box 26561 Salt Lake City, UT 84126

MONEY TREE 6720, Fort Dent Way Tukwila, WA 98188

CHECK CITY 2474 N University Ave Provo, Utah 84604

KOSTER 4310 Cameron St STE 9 Las Vegas, NV 89103

# CREDITOR MATRIX MAGDELINE D HERNANDEZ-CARRILLO

CREDENCE RESOURCE MGMT PO BOX 2300 SOUTHGATE, MI 48195

AT&T 208 S. AKARD ST DALLAS, TX 75202

TOWNE MORTGAGE 2170 E. BIG BEAVER RD STE A TROY, MI 48083

ENHANCED RECOVERY COMPANY 8014 BAYBERRY RD JACKSONVILLE, FL 32256

MIDLAND CREDIT MGMT 320 E. BIG BEAVER TROY, MI 48083

DIVERSIFIED CONSULTANTS 10550 DEERWOOD PK BLVD STE 309 JACKSONVILLE, FL 32256

ALLY FINANCIAL PO BOX 380901 BLOOMINGTON, MN 55438

WELLS FARGO PO BOX 10709 RALEIGH, NC 27605

HONOR FINANCE CORP 909 DAVIS ST STE 260 EVANSTON, IL 60201

LAW OFFICE OF HAYES LAWSON A. WELSH 2 WELCH STE 200 HENDERSON, NV 89074 CREDIT ONE
PO BOX 60500
CITY OF INDUSTRY CA 91716

SUNRISE HOSPITAL 3186 S Maryland Pkwy Las Vegas, NV 89109

ACIMA 9815 South, S Monroe St 4th Floor Sandy. UT 84070